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UGANDA PROTECTORATE

Annual Report of the Medical Department

For the Year Ended 31st December, 1958

VOLUME I

Price: Shs. 6

Published by Command of His Excellency the Governor

UGANDA

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R. Kidepo

Moyo

Ferry

Nimule

Madi Opei

Kaabong

R. Aswa

Kitgum

R. Pager

R. Kapeta

WEST NILE

ALBERT NILE

ACHOLI

NORTHERN

KARAMOJA

Arua

Rhino Camp

GULU

Moroto

R. Lochomon

Pakwach

R. Moroto

Mahagi

Ferry

Murchison Falls

VICTORIA NILE

Ferry

Lira

LANGO

KARASUK

Djugu

Butiaba

LAKE ALBERT

2030

BUNYORO

LAKE KWANIA

Masindi Port

Masindi

Soroti

TESO

Bugondo

L. Salisbury

R. Kelim

Irumu

Hoima

RIVER KAFU

3400

LAKE KYOGA

TEMBEND

R. NKUSI

Pallisa

BUKEDI

MBALE

MT. ELGON (MASABA) 14,178

Kitale

BUGISU

RIVER SEMLIKI

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R. Sezibwa

VICTORIA NILE

Bukalasa

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TORO

RUWENZORI 16,794

Mityana

L. Wamala

Jinja

Mukono

KAMPALA

Butere

R. KATONGA

Kasese

ENTEBBE

Buvuma Islands

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L. GEORGE

Kisumu

L. EDWARD 2995

Sese Islands

Masaka

MASAKA

Mbarara

L. Kachira

ANKOLE

L. Nakivali

KIGEZI

LAKE VICTORIA

3720

R. KAGERA

R. KAGERA Ferry

Kabale

Bukoba

MUFUMBIRO 13,547

L. Ikimba

RUANDA URUNDI

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KENYA COLONY

BELGIAN CONGO

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Annual Report
of the
Medical Department

For the Year Ended 31st December, 1958

VOLUME I

CONTENTS

NOTE

This Report is being produced in two volumes this year. Volume I constitutes the main body of the Report but contains only such statistical material as is essential for a proper understanding of the text. Volume II, which will be published some weeks later, will contain statistical tables with a brief commentary on morbidity and mortality.

It will be noted that certain subjects appear more than once, in different sections of the Report. This is deliberate, to avoid complicated cross-references. The general rule is that the matter is dealt with in detail once only.

UGANDA PROTECTORATE

MEDICAL DEPARTMENT

Annual Report

For the Year Ended 31st December, 1958

I.—GENERAL REVIEW

From the financial aspect, the year 1958 very much resembled 1957, in that funds available precluded any dramatic expansion of the Department. Nevertheless further progress was made in the development of a reasonable basic hospital service. Capital expenditure was concentrated mainly on the expansion of existing hospitals, leading to an increase in beds available for mental patients, the expansion of facilities for tuberculous patients and maternity cases, and the replacement of inadequate out-patient departments with new and improved accommodation.

2. Construction of the new Mulago Hospital was begun at a ceremony which took place on the 18th September, when the Minister of Social Services turned the first sod.

3. Development of existing dispensaries into health centres proceeded slowly owing to shortage of staff, in particular assistant health visitors. On the other hand experience with those centres already established has shown without doubt that the most successful way of improving housing and environmental hygiene in rural districts is to concentrate on specially selected "defined areas". (This system is described more fully in the body of this report, under "Rural Medical and Health Services").

4. Close co-operation with the World Health Organization continued. Thus, during the months of January to August, a World Health Organization team carried out a most successful tuberculosis survey in selected parts of the Protectorate. In all but one area the project was greeted with great enthusiasm, giving rise to attendances of nearly 100 per cent. The team's report is awaited. Secondly, arising out of the survey made in 1957 by

a World Health Organization malarial team in the district of Kigezi, plans were drawn up for a campaign, to be maintained jointly by the Medical Department and the World Health Organization, aimed at breaking the transmission cycle of malaria in the resettlement area of North Kigezi. The first spraying of houses is scheduled for mid-1959. Finally, the report of the World Health Organization Nutrition Survey Unit which worked in Uganda during 1957 was received, and is now being studied.

5. In August the Council for Postgraduate Medical Studies was formed to assist local members of the medical profession to obtain higher qualifications in their chosen specialties. Subsidiary to the council a board of studies was formed to assist the council in the selection of candidates and the delineation of courses. (Further details are given in the body of this report under "Training".)

6. The outbreak of sleeping sickness in the Lango District of the Northern Province referred to in the annual reports for 1956 and 1957 led to 222 cases in the year 1958, compared with 289 the previous year. There were no deaths. Indications are that the decline in the number of cases discovered will continue.

7. A delegation comprising a Vice-President and the Secretary of the Royal Society of Health visited Uganda during July and August at the invitation of the Protectorate Government. Their task was to advise the Government on the training of health inspectors in Uganda and the examinations for these officers which might be held locally under the Joint East African Examination Board.

8. The former Advisory Committee on Human Nutrition (which had a membership consisting partly of lay persons) was replaced by a Scientific Advisory Committee with a membership confined to professional representatives with medical, public health, veterinary, agricultural and sociological interests.

9. Reference was made in last year's annual report to the acceptance by Government of the principle that there should be an introduction of fee charging at all medical institutions, and the appointment of a committee to advise on matters of detail and administration. The report of the committee was produced and underwent examination by Government during the year.

10. Though not specifically a part of the Department's activities, opportunity is taken here to record the dissolution of the Ministry of Social Services on the 12th November, and the formation, for the first time, of a Ministry of Health.

Staff

11. The Deputy Director of Medical Services retired in February. It was fortunately possible for his successor to arrive in time to permit a thorough handing-over.

12. In the Protectorate Estimates for 1958/59 the following new posts were established:—

1 Clinical Pathologist
1 Specialist Psychiatrist
8 Medical Officers
11 Nursing Sisters and Health Visitors
1 Nursing Tutor, Mental Hospital
2 Dental Surgeons
1 Dental Technician
3 Laboratory Technicians
1 Hospital Superintendent
1 Assistant Hospital Superintendent
1 Radiographer
1 Assistant Government Chemist
1 Entomological Field Officer.

The post of Matron at the Mental Hospital was up-graded from Grade II to Grade I.

13. Recruitment of medical officers was much improved. At the end of the year there were 14 vacancies, all of which, however, were filled on temporary terms by locally engaged staff. Recruitment of nursing sisters remained poor, and the year finished with 25 temporary staff held against 28 vacancies. Difficulty was experienced in recruiting a nutritionist, and at the end of the year vacancies still existed for radiographers, physiotherapists, pharmacists and health inspectors.

14. Two doctors with Makerere qualifications joined the Department on completion of their pre-registration internships, and one commenced internship following qualification. During 1958 nine African medical officers were in the United Kingdom on study leave. One, who had been in the United Kingdom for two years, passed his primary Fellowship at Glasgow, one completed his studies for a D.P.M. but did not pass the examination, one obtained the D.P.H., and two passed the examination for the D.T.M. & H. Of the remainder, two were working for the D.P.H., one for the D.T.M. & H., and one for the primary F.R.C.S.

15. The staff position at the mental hospitals improved, but at the end of the year there were still vacancies for—

2 Specialist Psychiatrists
1 Sister-in-Charge
2 Nursing Sisters (Mental).

16. Whenever possible, use was made of private doctors and dentists on a part-time basis. Such doctors were employed mainly in out-patient departments, but in Kampala, Jinja and Mbale respectively, the post of Police Surgeon was filled by a local practitioner. Two private dentists were paid for part-time services. Fuller details of staff are included in Appendices VI and VII.

17. Locally-trained ancillary and nursing staff is far from sufficient for present commitments and should, in theory, limit any further expansion of services. However, in the last three years, 215 beds have been added in Government hospitals. This figure does not include additional bed-accommodation provided at mental institutions and at African local government dispensaries.

18. The position in regard to Health Inspectors (East Africa) is satisfactory and the goal of one health inspector per county is in sight.

19. Laboratory assistants, dispensers and entomological assistants are still in short supply.

Visitors

20. Amongst the many visitors to Uganda who had discussions with the Director and other members of the Department were: —

Dr. A. M. Wilson Rae, C.M.G., Chief Medical Officer to the Colonial Office, who was in the Protectorate during the last week of February;

Dr. R. Lewthwaite, C.M.G., O.B.E., M.A., Director of Colonial Medical Research;

Sir Gordon Covell, C.I.E., Director of the Malaria Research Laboratory of the Medical Research Council; and

Professor G. Macdonald, C.M.G., of the London School of Hygiene and Tropical Medicine,

who were all in East Africa in early February in connection with the annual meeting of the East Africa Council for Medical Research.

Dr. Alan A. Moncrieff, C.B.E., Nuffield Professor of Child Health, University of London, who visited Uganda in February as the Annual Visitor from the Hospital for Sick Children, Great Ormond Street;

Mr. A. Denton Ogden, M.B.E., a Vice-President of the Royal Society of Health;

Mr. P. A. Wells, Secretary of the Royal Society of Health,

who visited Uganda in July and August in connection with the training of health inspectors, as described elsewhere in this report.

Dr. C. A. Egger, Regional Director, U.N.I.C.E.F., for Europe and Africa, who came from Paris in October to discuss future plans for U.N.I.C.E.F. aid;

Professor B. G. Macgraith, of the School of Tropical Medicine, Liverpool;

Dr. John M. Weir of the Rockefeller Foundation; and

Dr. Harrar,

all of whom visited Uganda in November as the medical members of a large deputation representing the International Co-operation Administration.

Major-General Sir Alexander Drummond, K.B.E., C.B., Director General, Army Medical Service, who came in December to discuss liaison between the medical services of the Army and the Protectorate.

Finally, the following members of, or consultants to, the World Health Organization visited Uganda in the course of their tours, as indicated:—

Professor Alexander Mair, M.D., D.P.H., of the Department of Public Health and Social Medicine, St. Andrews University, Aberdeen (January and February).

Dr. Germain Servas, Specialist in Maternal and Child Welfare, from French West Africa (January and February).

Dr. E. E. Krapf, Head, Mental Health Section, World Health Organization, Geneva (March).

Dr. F. Mortara, Specialist in Maternal and Child Health, World Health Organization, Geneva (April).

Dr. G. K. Chu, Chief of the Public Health Administration, World Health Organization, Geneva (June).

Mr. McChristie, Sanitarian, Mosquito and Malaria Control, World Health Organization (August).

Dr. Friis Hansen, World Health Organization, Senior Medical Officer in charge Health and Nutritional Project in Northern Rhodesia (September).

Miss H. Hollanda, Chief Health Education Section, Department of Rural Endemic Diseases Control, Brazil (October).

Dr. A. M. M. Payne, Chief, Endemo-Epidemic Diseases Section, World Health Organization, Geneva (December).

Dr. Estella Warner, Vice-President, U.S. Public Health Association, World Health Organization, Community Development Consultant (December).

Finance

21. During the past year an investigation was carried out in the accounts branch of Medical Headquarters by the Organisation and Methods section of the Chief Secretary's Office. As a result a number of recommendations were made designed to improve the existing method of self-accounting.

22. The first recommendation was that payment of all established staff should be centralised. Under this system every officer was to be given his own personal record card, which had the advantage of doing away with the large, cumbersome old record sheets and allowed for the maintenance of up-to-date expenditure records in Medical Headquarters which could be examined at any time.

23. This recommendation was accepted and fully introduced by the end of the year with satisfactory results.

24. The second recommendation was aimed at making each up-country District Medical Officer and officer in charge of a hospital individually responsible for his day-to-day expenditure. The proposal was to issue each officer with a cheque book on the Director of Medical Services' account with the Treasury so that he could make payment over his own signature. Unfortunately this scheme called for an increase in the establishment of accounting staff at Medical Headquarters. It proved impossible to obtain the necessary staff sufficiently rapidly to introduce the scheme throughout the territory so that a stop has been temporarily placed on the introduction of this new arrangement.

25. Departmental recurrent expenditure for the year 1957/58 totalled £1,674,877. This represents 8·7 per cent of the Protectorate's total expenditure of £19,227,431. Of the Medical Department's expenditure about £1,030,000 was devoted to personal emoluments.

26. Details of revenue and expenditure for the year 1957/58 are given in Appendix III of this Report.

II.—VITAL STATISTICS

27. The next full census will be made in 1959, non-Africans in the early part of the year and Africans in the latter part. Abstracts of the 1948 census which are of medical and health interest were given in detail in the departmental report for 1955.

General Population

28. The estimated mid-year population figures for the past ten years are given in the following table prepared by the East African Statistical Department:—

Table I.—Approximate mid-year population estimates

Year	Non-African					African	Total
	European	Indian and Goan	Arab	Other	Total		
1949 ..	4,200	38,200	1,600	900	44,900	4,981,000	5,026,000
1950 ..	4,800	40,500	1,600	1,000	47,900	5,055,000	5,103,000
1951 ..	5,400	42,800	1,700	1,000	50,900	5,131,000	5,182,000
1952 ..	6,000	45,100	1,700	1,100	53,900	5,208,000	5,262,000
1953 ..	6,600	47,400	1,800	1,100	56,900	5,286,000	5,343,000
1954 ..	7,200	49,700	1,900	1,200	60,000	5,365,000	5,425,000
1955 ..	7,800	52,000	1,900	1,200	62,900	5,445,000	5,508,000
1956 ..	8,400	54,300	2,000	1,300	66,000	5,527,000	5,593,000
1957 ..	9,000	56,600	2,000	1,300	68,900	5,610,000	5,679,000
1958 ..	9,600	58,700	2,100	1,400	71,800	5,695,000	5,767,000

Notes on the above Table:—

(1) The estimate for Africans is based on an average rate of increase calculated from previous census and takes no account of immigration and emigration.

(2) Estimates for the non-African groups are based on all available information regarding registered births and deaths, and figures for immigration and emigration. It is interesting to contrast the estimates prepared in this way for mid-1958 with the population totals revealed by the non-African census held in March, 1959, which are as follows:—

European	Indian and Goan	Arab	Other	TOTAL
10,866	71,933	1,946	2,313	87,058

(3) All the figures in the Table refer to the *de facto* population, that is to say, the number of persons physically present in the country at the time of the census or estimate. They include persons on temporary visit to the country and in transit as well as permanent residents.

Births and Deaths

29. *Africans.*—The committee set up following a recommendation of the Frazer Committee completed its report on improved methods of collecting vital statistics of the African population. This is now being considered by Government.

30. *Non-Africans.*—The following table gives the numbers of births and deaths recorded by the Registrar General, together with the crude birth and death rates calculated from them.

TABLE II

Race	Births	Crude birth rate per 1,000	Deaths	Crude death rate per 1,000
European	261	27	18	2
Indian and Goan	2,821	49	234	4
Arab	111	53	5	2
Other	128	91	21	15

31. Compared with a standard population there is a relative excess in Uganda of young adults, and a lack of old persons, resulting in a reduction in the death rates and increase in the birth rates.

32. A detailed analysis by age, sex, race and cause of all deaths is given in Volume II of this report.

33. As regards deaths of infants under one year of age, the figures by race were as follows:—

Europeans	...	...	2
Indians	...	...	38
Goans	...	...	—
Arabs	...	...	1

The figure for Indians would give an infant mortality rate of 14 per 1,000 live births, the same as last year. There are, however, good reasons for thinking that a number of infant deaths are not registered and that the true infant mortality rate is higher.

District Population

34. In connection with the planning of medical services it is useful to know the approximate population and population density in each district. Accurate figures will not be available until the results of the 1959 census are known, but estimates compiled by the East African Statistical Department are given in the following table:—

TABLE III.—African Population Density by Province and District

Province and District	Area in sq. miles land and swamp	Approximate African population mid-1958*	Approximate density per sq. mile*
BUGANDA—			
Mengo	10,515	1,040,000	99
Masaka	4,101	370,000	90
Mubende	2,679	100,000	37
TOTAL ..	17,295	1,510,000	87
EASTERN—			
Busoga	3,709	590,000	158
Bukedi and Bugisu ..	3,340	690,000	208
Teso	4,649	470,000	100
TOTAL ..	11,698	1,750,000	150
NORTHERN—			
Acholi	11,139	250,000	22
Lango	4,650	310,000	66
Karamoja	11,472	140,000	13
West Nile and Madi ..	5,907	390,000	66
TOTAL ..	33,168	1,090,000	33
WESTERN—			
Bunyoro	4,847	130,000	26
Toro	5,143	300,000	58
Ankole	6,172	460,000	75
Kigezi	1,969	460,000	233
TOTAL ..	18,131	1,350,000	74
GRAND TOTAL ..	80,292	5,700,000	71

* This district analysis has been prepared by proportioning the estimate of the *de facto* African population of Uganda in June, 1958, according to the results of the 1948 Census. In view of the lapse of time and the absence of information about internal migration, differential rates of increase and other factors, the district figures must be regarded as only a rough approximation. Up to date information will be available after the 1959 Population Census.

Population of Main Towns

35. Apart from natural increase, there has been considerable change in the population of the larger townships since the 1948 census on account of migration and an extension of boundaries. The total population of

Kampala is thought to be approximately 50,000 and of Jinja 25,000. A special population count carried out in Entebbe in 1958 gave the following figures:—

Europeans	...	928
Indo-Pakistan	...	559
Goan ...	...	316
African ...	...	9,236
TOTAL	...	11,039

III.—PUBLIC HEALTH

A. GENERAL

36. Changes in the public health, whatever direction they may take, are usually so gradual that it is difficult, in reporting annually on the subject, to point to any noticeable alteration in the general picture. In this country the paucity of reliable statistics of a medical and epidemiological nature adds to the problem. One thing is clear; in most parts of the Protectorate figures of attendances at hospitals and dispensaries have risen once more, pointing to a still further increase in the popularity of curative medicine. As was said in the Annual Report for 1957, this rise in the number of sick persons treated should not be taken as suggesting an increase in the general level of morbidity in the territory. On the other hand, the situation does, inevitably, give rise to serious thought. Continued pressure on hospitals and dispensaries inevitably leads to an attempt not merely to maintain but to improve the services rendered, within the limitations set by available resources of finance and staff, and there has, in fact, been development of some value during the year. The question is, how long can expansion continue whilst still representing an economic return for expenditure of both money and effort?

37. The logical way for a comprehensive health service to develop is for the sanitary services (an out-of-date term, now replaced by the looser phrase, "public health services", but revived here for purposes of clarity) to be established on a firm basis first, curative services being developed subsequently on this foundation. Thus in the United Kingdom over 100 years ago curative medicine as we now understand it was unknown. On the other hand, health authorities were daily making fresh discoveries concerning epidemiology and the mode of transmission of disease, and the basic principles of hygiene and sanitation. It is not surprising, therefore, that the middle of the 19th century saw the promulgation of the first great act for the protection of the public health and the establishment of fundamental sanitary law. It was not until 100 years later that the curative services reached such a state of development that they too became the subject of comprehensive legislation.

38. In this country, and in others like it, where progress has been confined to all intents and purposes to the twentieth century, there has been a reversal of the normal trend: curative services have been established first, on a foundation almost entirely lacking in fundamental sanitary provision. Taking the country as a whole, satisfactory water supplies are few, proper sanitation virtually non-existent, and good housing rare. This is not to say that the development of the curative services first was wrong; in the circumstances there was no option. Faced with the widespread prevalence of diseases capable of immediate treatment, it would have been against human nature to set this problem aside in favour of the more long-term objective of improving the sanitary state of the country, however logical such an attitude might be.

39. On the other hand, there is danger in leaving matters as they stand at present. It is essential that the need to develop those sections of the Department devoted to the improvement of sanitation, the establishment of preventive medicine and the education of the public in the fundamental principles of hygiene, should not be lost sight of in the natural desire to expand curative services still further in response to public clamour. Medicine and surgery are popular; hygiene and sanitation are not, very largely because they are little understood.

40. It is here that the district health staff and the Health Education Section of this Department have a vital duty. So many diseases in this country are preventable, most of them being caused by ignorance and a low standard of hygiene, that an ever-increasing effort is required to educate the public in means of prevention. There is no doubt that health education projects, joint efforts of the Health Education Section and the district teams, are beginning to make themselves felt in rural areas. Development and expansion of this work is urgently necessary if full value is to be obtained from the country's expenditure on its health services.

41. There were no outbreaks of epidemic disease during 1958. The sharp rise in the number of sleeping sickness cases reported from Lango in 1957 was halted and a downward trend in the number of new cases is now evident. The same tendency, to a lesser degree, is to be seen in the number of cases of sleeping sickness reported from Busoga and Bukedi districts.

B. FOOD AND NUTRITION

42. The Report of the World Health Organization Nutrition Survey was received and the recommendations made are being studied by Government.

43. The investigators found that undernourishment in Uganda affected mainly children and women, with the exception of Buganda women.

44. The causes of the dietary defects found were attributed to:—

(*a*) insufficient intake of protein, especially animal protein, riboflavin vitamin A and possible essential fatty acids;

(*b*) faulty techniques and methods of infant and child feeding;

(*c*) unequal distribution of available foodstuffs within the family, the absence or shortage of the necessary foodstuffs, insufficient exchange of purchasing power and ignorance of the use of suitable foods for a correct diet.

45. The recommendations are concerned with the building up of nutrition services and advice on further nutrition surveys and research.

46. Proposals are put forward for supplementary feeding of pregnant and nursing mothers, infants and pre-school children with U.N.I.C.E.F. skim milk powder, to be distributed at hospitals and dispensaries.

47. A country-wide study on production yields, processing, storage, distribution and marketing of animal foods is advocated and suggestions made for the carrying out of nutrition education.

48. The Medical Department Nutrition Unit has been below strength throughout 1958. The post of Nutritionist remained unfilled and nutrition assistants could only be retained for short periods: being of Senior Cambridge standard of education they soon passed on for higher education elsewhere. The medical officer in charge of the unit was on leave for three months during the year.

49. In collaboration with the Medical Officer (Nutrition), the Senior Medical Officer (Labour) carried out a nutritional and dietary survey on a group of contract labourers on a coffee estate near Kampala. The nutritional state of the male adults suggested that their food consumption was in excess of that required. There were no signs of nutrition deficiencies either of protein or vitamins in adults, but 20 per cent of the children living with this group revealed some signs of malnutrition. Thus it would appear that the adults were eating at the expense of the children and that the basic reason for this is not, in fact, a lack of food, but ignorance on the part of the parents.

50. Other investigations carried out by the Medical Officer (Nutrition) were verifications of the adequacy of the diet in Protectorate prisons and in hospitals.

51. Lectures on nutrition were given by the Medical Officer (Nutrition) to Women's Clubs and in co-operation with the Senior Medical Officer (Health Education) at the various courses which are held at Nsamizi Community Development Training Centre.

52. Health visitors and nursing sisters at ante-natal and infant and child welfare clinics at hospitals, health centres and dispensaries spent much time in teaching and in practical demonstrations designed to overcome the ignorance on nutrition.

53. A Scientific Committee on Human Nutrition was appointed and three meetings were held.

54. Arrangements were made by the Kabaka's Government for the Church World Service to supply dried skimmed milk for distribution in Buganda. Altogether 32 tons were provided. In the remaining provinces in Uganda 35 tons of U.N.I.C.E.F. dried skimmed milk were distributed at the mission hospitals and at Government medical institutions.

55. In close co-operation with U.N.I.C.E.F. the District Commissioner, Bukedi drew up a scheme originally intended for the supplementary feeding of schoolchildren, using dried skimmed milk. As plans developed, the scheme was gradually extended to include infants and pre-school children, improvement of water supplies and environmental hygiene, and an increase in the production of protein foods. The scheme, designed to start in 1960, will involve the distribution of 200 tons of dried skimmed milk each year.

56. The Medical Department is lending the part-time services of the Senior Medical Officer (Health Education) and the Medical Officer (Nutrition) to assist in all medical and public health aspects of the scheme and has arranged for the distribution of skimmed milk to patients attending Government hospitals and dispensaries.

57. During the year a report was published by the Food and Agricultural Organization of the United Nations on "Milk Development Possibilities in East Africa". A suggestion was made for the setting up of a factory for the production of skimmed milk powder in Kampala.

58. Throughout the year it has been noticeable that in investigations, surveys and reports it has been repeatedly stated that Uganda could produce sufficient and adequate foodstuffs to feed its entire population and that the solution to Uganda's nutrition problem lies in an improvement in production and distribution of the correct foodstuffs, and in education of the population in regard to nutrition generally. The increasing availability of milk and dairy products from Kenya cannot but improve the nutritional state of the population, more especially in the eastern part of Uganda. An indication of the growth of imports of these products is shown by comparison with the figures for 1955 and 1958. In 1955, 696,000 gallons were imported with a value of £128,000, whereas in 1958 the figures were 2,226,000 gallons with a value of £415,221.

The Infantile Malnutrition Research Unit

59. The Infantile Malnutrition Research Unit of the Medical Research Council continued its investigation of kwashiorkor.

60. A full study of the value in treatment of milk diets and vegetable protein diets has been done, using clinical data, estimations of serum protein fractions, serum cholestrol and amylase, and balance studies. The results are consistently in favour of the milk diets, if the children are severely ill: for mild cases of kwashiorkor both milk and vegetable diets have almost

equal value. The differences may be due in part to heat-damage of the protein, and a series of trials of a new vegetable protein mixture, in which the damage may be lessened, has been started.

61. During the year, 164 children were admitted to the unit's wards. In the second half-year, the death rate of four in 79—a new low proportion. Only one of the deaths, that of a child who died seven hours after admission, was thought to be due to kwashiorkor.

62. At the unit's Namulonge Child Welfare Clinic the total attendance was 7,586 children, of whom 815 were new; 29 cases of kwashiorkor were admitted to the unit's wards. In 1957, 27 cases were admitted out of 443 new children. Although these figures are suggestive, it would be unwise to assume that the menace of kwashiorkor is becoming less in the Namulonge District. The number of potential cases who are receiving supplementary food regularly has risen to about 150.

63. There has been the closest co-operation with the Paediatric Department of Mulago Hospital and teaching of medical students in the unit has been resumed.

C. COMMUNICABLE DISEASES

64. It will be observed that in the following comments on a number of communicable diseases the statistics used are not all of the same type. With diseases which are notifiable under the Ordinance the total number of cases notified is recorded; with diseases which are not notifiable Government hospital statistics are used instead. Either figure serves its purpose equally well; neither can be used to indicate the total number of cases of the disease actually occurring in the territory during 1958, but both can demonstrate the recent trend in the incidence of the disease; the purpose for which the figures are given.

1. Arthropod-borne Diseases

Kala Azar

65. This disease is a relative newcomer to Uganda. It is thought that it came across the border from Kenya a few years ago. Statistics are therefore available from 1956 only, figures for cases treated in hospital for the past three years being:—

1956	8
1957	13
1958	15

66. The condition is still limited to Karamoja District. Of the 15 cases attending for treatment in the past year, five died. The District Medical Officer has pointed out that, as is to be expected, cases reporting early had the best prognosis. Unfortunately the majority presented themselves with a long-standing history of the disease and gross anaemia.

Malaria

67. The number of cases of malaria treated in Government hospitals during the past five years has been as follows:—

1954	97,526
1955	120,214
1956	119,013
1957	149,428
1958	172,258

68. It must be appreciated that a very large proportion of cases reported were diagnosed as malaria on clinical grounds only. Nevertheless it must be assumed that there has been a real rise in the incidence of malaria over the past four years (and still more so over the last two) which cannot all be accounted for by the general increase in numbers attending hospital for all types of illness.

69. It is for this reason that continued concern is felt over the malarial hazards arising, for example, from borrow-pits dug during the construction of new roads. During 1958 serious anopheline breeding was found along the new Congo road, and the Kampala/Masindi road via Nakasongola. Other hazards in rural areas, which were referred to in last year's annual report, include dams and fish ponds. The number of the latter now exceeds 4,500. In one part of North Kigezi, a fish pond was incriminated as the cause of a local outbreak of malaria in an area not normally subject to this disease. Observations are continuing, together with consultations with the Game and Fisheries Department and the Water Development Department to determine the best methods of minimising malarial hazards. The Malaria Engineer attached to the East African Malaria Institute is co-operating in the planning of experiments on existing dams in Ankole District.

70. As part of the preparation for a malaria eradication scheme a further visit was made to North Kigezi in the early part of the year by Mr. J. R. Cullen, Entomological Assistant, of the World Health Organization, in order to make observations in the proposed control area during the rainy season. Later, plans were evolved between the Medical Department, the World Health Organization and the Kigezi Local Government for a campaign to begin early in 1959. The active phase of this campaign will last for two or three years and will aim to break completely the chain of malaria transmission. Kambuga was selected as the base camp for the project and a start was made in the construction of housing for the team. World Health Organization will provide a malariologist, an entomological assistant and a field officer. Government will match this with a medical officer, an entomologist and a health inspector.

71. As stated elsewhere in this report, the Entomological Division carried out full-scale surveys in the townships of Kasese, Fort Portal and Jinja. More limited surveys were performed at Kabale, Kisoro, Mbarara,

Gulu, Port Bell, Mbale, Masaka, Soroti and the proposed new building estate of Bukuya on the west bank of the Nile. As well as assisting local health staff in entomological work, these surveys are helpful for town planning purposes. Other surveys were carried out at Mengo and Butabika hospitals and on one tea estate.

72. Adult mosquito catching as a method of assessing malarial control problems has now been extended to all major townships.

73. A visit to Toro and Mbale districts was made by Interterritorial Malariologist, Dr. D. Bagster Wilson, from Amani.

Relapsing Fever

74. Cases notified during the past five years have been as follows:—

	1954	1955	1956	1957	1958
Toro	73	70	19	10	4
Ankole	26	12	2	7	11
Kigezi	4	1	—	1	—
Masaka	27	22	16	8	13
Mengo	3	—	2	2	2
TOTAL ..	133	105	39	28	30

75. The disease is generally mild but one death was recorded from Masaka. As a control measure, spraying of houses with wettable gammexane powder is gradually being substituted for the application of D.D.T. dusting powder.

Trypanosomiasis

76. After reaching a peak in 1957, there was an overall reduction in the number of cases of this disease reported during 1958. (For details *see* the Table below, giving figures for all cases notified over the past five years. In this particular instance the distribution of the disease is shown because of its epidemic importance.)

TABLE IV

	1954	1955	1956	1957	1958
BUGANDA—					
Mengo District	4	2	5	9	6
EASTERN PROVINCE—					
Busoga (includes Jinja) ..	39	44	33	87	75
Bukedi	30	37	34	80	80
NORTHERN PROVINCE—					
Lango District	—	12	29	289	222
Acholi District	5	5	2	5	2
West Nile District ..	20	12	5	20	8
WESTERN PROVINCE—					
Bunyoro District ..	4	—	—	—	1
Toro District	1	1	—	—	—
Ankole District	—	1	—	—	—
TOTAL CASES ..	103	114	108	490	394

77. *Lango.*—In spite of the fact that the incidence of tsetse fly was kept very low (by continued spraying of river banks with insecticide by the Tsetse Control Department) the number of cases remained high during the first half of the year. However, a significant decrease was recorded in the last three months which showed every sign of continuing into 1959. Available evidence suggests that the disease can exist in an individual in a mild form for two or three years, or longer, before being detected. Mass examinations are now being supplemented by house-to-house inspections in areas where the disease is still found in appreciable numbers.

Busoga and Bukedi.—Although the overall distribution of the disease has remained unchanged since 1957, useful control measures were effected during the past year. In particular the important sources of infection around Lugala on the mainland and Sigulu Island were brought under control. The inhabitants of these areas were regularly examined and illegal entry made more difficult. All fishermen in the area had blood slides taken once or twice a month.

The Kityerera Road Settlement was well-established by the end of the year, with nearly 700 residents compared with under 100 a year previously.

Mengo.—Six cases were recorded. Five of these were certainly infected on Buvuma Island (population 356). There is at present no conclusive evidence that infection is taking place on the mainland.

Bunyoro.—One isolated case of *rhodesiense* type was detected on the banks of the River Nile.

Acholi.—One case was detected in a recognised focus on the River Aswa just north of the Lango border. Another case found near Adilang was probably infected in Lango. Regular inspections were made of the staff in the Murchison Falls National Park, but no proved case has been reported by the end of the year.

West Nile.—A further eight cases were reported from a limited focus in the Wolo Datcha area of Aringa County. In addition to intensive house-to-house inspection carried out by the local mobile unit, the Tsetse Control Department sprayed the infected rivers with dieldrin at the end of the year.

78. Acknowledgment is made of the valuable assistance given by the Director and staff of the East African Trypanosomiasis Research Organisation at Tororo. Officers of this organisation visited all the main affected areas to give advice on control measures. Studies were also completed of the epidemiology of the disease in all parts of Uganda and papers on this subject were prepared for publication. It was no longer possible for Uganda patients to be admitted to the hospital in the Research Laboratory at Tororo, except where special investigations were required. Instead, these cases were admitted to the Government hospital at Tororo.

79. The following table gives the number of individual examinations carried out in the affected areas in the course of control measures:—

TABLE V

Toro ...	...	...	16,840
Ankole	...	...	1,273
Bunyoro	...	...	350
Mengo	...	...	27,200
Busoga/Bukedi ...		...	105,300
Lango	...	...	70,841
Acholi	...	...	70,024
West Nile	...	...	291,376
		TOTAL	583,204

2. Helminthic Diseases

Ankylostomiasis (Hookworm)

80. The number of cases of ankylostomiasis treated during the past five years in Government hospitals has been as follows:—

1954	8,765
1955	11,282
1956	12,137
1957	13,193
1958	11,658

81. It will be seen from these figures that until 1958 there was apparently a steady rise in the annual incidence of ankylostomiasis. The sharp fall in numbers for 1958 cannot be regarded as significant in itself, but the figures for 1959 and 1960 will be watched with interest to see if there is a continued downward trend. If this materialises it will provide statistical support for the belief that the persistent propaganda directed towards improved sanitation and the teaching of the principles of disease prevention, which have been a feature of this Department's district activities over the past two or three years, have begun to have their effect.

Dracontiasis (Guineaworm)

82. The number of cases of dracontiasis treated during the past five years in Government hospitals has been as follows:—

1954	432
1955	223
1956	227
1957	258
1958	314

83. As in the past this condition was limited almost entirely to the Northern Province, principally Acholi and Madi, a few cases being reported from Karamoja. It is thought to be decreasing in Lango. The West Nile District, more especially in and around Moyo, still remained the chief source of infection, but there has been a steady fall in the incidence of the condition even there.

Onchocerciasis

84. The number of cases of onchocerciasis treated during the past five years in Government hospitals has been as follows:—

1954	601
1955	558
1956	661
1957	779
1958	669

85. The staff of the Entomological Division carried out a major simulium survey of the rivers passing through the Ruwenzori foothills. Examination of the local population for onchocerciasis produced very high infectivity rates in some areas, 100 per cent in parts of Kasese gombolola and 91 per cent in the Mubuka Valley. The vector *Simulium damnosum* is relatively scarce in the Kilembe Valley, as the industrial pollution of the river from Kilembe Mines interferes with breeding, but it is present in large numbers in the neighbouring valleys.

86. A simulium survey was undertaken along the banks of the River Nile downstream from the Atura Ferry. The vector here is again *Simulium damnosum* breeding in the 50 miles of rapids which occur between Atura and the Murchison Falls. Plans were made to carry out an eradication scheme early in 1959 to make the area safe to permit construction work on a hydro-electric scheme at the Karuma Falls, down river from Atura.

87. The control measures maintained in the Budongo Forest of Bunyoro resulted in completely negative fly counts throughout the year. Most of the credit for this successful result goes to the management of the Budongo Saw Mills who are responsible for the day-to-day organisation of the control measures. A great improvement in morale among the employees of the saw mill has been noted.

88. A small-scale survey in Karamoja confirmed the suspected presence of *Simulium neavei* in some of the perennial mountain streams.

89. In the Busoga area there have been no further signs of *Simulium damnosum* breeding between Jinja and Mbulamuti. A survey made amongst the population on the east bank of the river indicated that no children born since 1955, when control measures were initiated, show signs of infection.

90. In Bugisu, where it was necessary to cease control measures for reasons given in the annual report for 1957, it appears that the simulium fly population has returned to its old level. During the year 1958 Dr. D. J. Lewis, an entomologist attached to the Medical Research Council visited part of the mountain area to carry out researches into the biting-cycle of *Simulium neavei*. Later in the year, Dr. G. S. Nelson of the Kenya Division of Insect-borne Diseases visited the same area to investigate the species of nematode parasites transmitted by the fly.

91. Onchocerciasis is known to be present in many scattered areas of the Kigezi District where it has caused confusion with scabies and yaws.

Schistosomiasis

92. The number of cases of schistosomiasis treated in Government hospitals during the past five years is given below:—

1954	1,121
1955	1,854
1956	2,229
1957	2,434
1958	2,143

93. There was no fundamental change in 1958 in the endemic areas of the two forms of this disease. A localised outbreak of *S. haematobium* infection occurred near a swamp in south-east Acholi. Infection is likely to have spread from the adjacent Lango District.

94. Following diagnosis of the intestinal form of the disease in a European child in Entebbe, there has been renewed interest in the risk of contracting the infection on the neighbouring shore of Lake Victoria. A full-scale snail survey has been started along the lake-shore and the laboratory records of the local hospital have been studied. The latter show that during the year 19 African cases were diagnosed; of these at least 10 were presumed to have been infected near Entebbe, most probably in the still, shallow, grassy waters found in certain narrow bays and inlets. The disease has never been found in any local fishermen and it is thought that the likelihood of infection occurring in the more turbulent waters of open beeches is negligible.

95. Dams and fish ponds referred to elsewhere as a malarial risk also provide ideal breeding places for the vector snails of this disease.

Other Helminthic Diseases

96. *Ascariasis* and *Taeniasis* also occurred generally, the latter being due in all cases to infestation with *T. saginata*.

3. Direct Infections

Anthrax

97. The number of cases of anthrax notified during the past five years is given below:—

1954	61
1955	52
1956	13
1957	24
1958	21

98. Only one death occurred in 1958—a tribute to the efficacy of penicillin. Before the introduction of antibiotics the mortality rate was high.

99. Mention was made in the Annual Report for 1957 that, as in previous years, a number of persons in Ankole and Toro contracted anthrax from handling the flesh of hippopotami which had died of the disease. During the year 1958 there was a concerted drive to reduce the hippopotamus population, principally in the region of the Kazinga Channel and the Queen Elizabeth National Park. It would be reasonable to expect a fall in the number of cases of anthrax notified during the coming years, at least in Ankole and Toro, as a result of this thinning-out campaign.

Cerebro-Spinal Meningitis

100. Cases notified during the past five years were as follows:—

1954	61
1955	35
1956	56
1957	125
1958	119

101. The higest incidence was in Masaka District, which had 32 cases; Teso followed with 21 cases, Kigezi with 19 cases and Mengo with 12 cases.

102. There was no epidemic outbreak at any time; all cases appeared in a scattered and sporadic manner, implying that the number of healthy carriers must have been high.

Chickenpox

103. The number of cases of chickenpox treated in Government hospitals during the last five years is shown below:—

1954	1,536
1955	1,998
1956	1,827
1957	3,026
1958	2,063

104. This condition is widespread throughout the Protectorate, but is of little importance except that variola minor may be mistaken for it with serious results.

105. Cases occurred in all areas except for parts of the Eastern and Northern provinces. No deaths were reported.

Leprosy

106. The estimated number of people suffering from leprosy remains at 70,000; of these 9 per cent are considered to be suffering from the lepromatous variety. Children are calculated as representing 19 per cent of the whole. Continued expansion of treatment services has done nothing to suggest a total greater than the estimate reached through the original surveys.

107. Two treatment villages were closed during the year because they were considered no longer necessary; one of these was in Mubende and the other in Busoga. Meanwhile two new treatment villages were opened, one in Masaka and the other in Teso. This means that a total of 75 villages have been built during the course of the "treatment village" campaign and that in all 73 are in continued operation. The method of treatment remains, in general, the oral administration of sulphones.

108. Arrangements have been completed whereby the leprosy settlements of Kumi-Ongino, Buluba, Nyenga and Kuluva supervise the clinical work of the treatment villages in the south, east and north-west of the Protectorate. To facilitate this U.N.I.C.E.F. provided additional transport during the year. A British Leprosy Relief Association worker was stationed in Toro at the end of the year to undertake supervision of the villages and clinics in that area and negotiations were completed for another worker to be posted to Kumi-Ongino to assist in Lango and Acholi. The closer supervision now becoming possible is leading to improved attendance at a number of centres, although difficulties of distance and physical disability still deter many patients. For this reason a series of clinics is being introduced based on treatment villages visited by leprosy orderlies on bicycles. The training of orderlies and dressers is carried out at Buluba and Kumi-Ongino where their maintenance is paid for by the councils who will subsequently employ them. Twenty-five of these persons were in service at the end of the year.

109. Investigations continued throughout 1958 into the epidemiology of the disease and factors influencing transmission. These were carried out by the Specialist Leprologist with the co-operation of staff at Kumi-Ongino and Buluba. In particular, progress was made with a modified lepromin test using a new technique which has considerable advantages over the older method and which can be used in field work to pick out those persons more likely than others to develop leprosy after contact with the infection. Co-operation with the Medical Research Council continued with the regular

transmission to the council's laboratories in London of bacteriologically positive tissue. This material is sent by air in ice and is used to study the morphology of the bacillus and methods of tissue culture.

110. Co-operation with the World Health Organization was also satisfactory during the year. Dr. J. Kinnear Brown was appointed to membership of the World Health Organization Expert Committee on Leprosy and two World Health Organization Fellowships were awarded to allow visitors from other countries to visit Uganda to study the system of leprosy control evolved in this Protectorate.

111. The assistance of the British Leprosy Relief Association and the missionary societies has again been considerable. The former gave capital grants to the various settlements totalling £4,800, compared with £4,750 in 1957 and £2,400 in 1956. In addition it has continued to contribute through its Children's Adoption Scheme further sums in the region of £2,000 a year. Apart from financial contributions, the British Leprosy Relief Association has posted five expatriate members of its organisation to various settlements and has remained entirely responsible for the salaries and expenses of these officers. Missionary societies maintain about fifteen members on leprosy work and have assisted on the same scale as in former years. Finally, the Department is indebted to U.N.I.C.E.F. for continuing to supply the sulphones used throughout the country, together with vehicles, teaching equipment and soap.

Poliomyelitis

112. New cases of acute paralytic poliomyelitis notified during the last five years are as follows:—

1954	44
1955	180
1956	75
1957	114
1958	97

113. Cases were evenly spread throughout the year 1958; all districts were affected except Busoga and Kigezi.

114. There was one European case, a female aged 15, and one Asian case, male aged 6. The remaining cases were all African. Of these cases, the average age at onset was 2·9. The European case and one African case were sufficiently serious to require transfer to the special centre in Kenya for prolonged treatment in a respirator.

115. British poliomyelitis vaccine continued to be available throughout 1958 for all who asked for prophylactic inoculation, and was administered at a charge of Shs. 7 an injection. Over 6,000 doses were issued to districts

for this purpose during the year. Over 12,000 injections were given in 1956 and some 5,000 in 1957. Expatriate officers leaving the United Kingdom for Uganda are generally inoculated before departure.

116. A highly efficient poliomyelitis clinic is maintained at Mulago Hospital. During 1957 and 1958 over 300 cases of paralysis, of which more than 100 were unable to walk, were treated. Deformed and paralysed limbs have been straightened by operation, whilst stocks of calipers with interchangeable parts, shoes without toe caps, and a full range of light metal crutches has made the fitting of supportive appliances simple and rapid.

117. This service has been used by patients living as far away as Gulu and Kabale. A noteworthy feature of the scheme is that operative techniques have been both simplified and standardized so that in general they can be carried out by a medical officer without higher surgical qualifications.

118. The service has much to commend it; it has the enthusiastic support of the Round Table who continued, during 1958, to supply shoes, calipers and crutches, together with voluntary secretarial assistance at the clinic. As in the past patients attending the clinic contributed as much as they could reasonably afford towards the cost of their appliances. The Round Table has also agreed to build a swimming pool when further funds have been collected, which will be of great value in the rehabilitation of paralysed limbs.

119. As a result of the clinic's work it is possible for normally intelligent people to find a place in their community, although a patient's treatment, once entered into, frequently requires prolonged follow-up, in some instances for life.

Smallpox

120. Notifications of this disease during the past five years were as follows:—

1954	199
1955	101
1956	231
1957	477
1958	360

121. The disease was again of a very mild character. The incidence of the disease in Uganda is closely akin to that in the majority of countries throughout tropical Africa. Cases were reported from all districts, except Acholi, Lango, Karamoja, Bunyoro and Mubende. The major incidence was in the Eastern Province.

122. Vaccination was carried out energetically in most districts and as in 1957 a total of over half a million were performed. Difficulty was

again experienced in persuading mothers to bring their young children for vaccination. The importance of this measure is being emphasized at children's clinics.

Typhoid Fever

123. Typhoid continued to be a serious problem during the year under review. The figures for cases treated in Government hospitals over the last five years is as follows:—

1954	576
1955	567
1956	762
1957	736
1958	677

124. An incidence of typhoid such as this, although not alarming provided it grows no worse, is a significant index of the sanitary state of the country. In primitive areas, where lack of communication and disposal of population tends to limit the spread of communicable disease, typhoid is rare. In highly advanced areas, where sanitary services are fully developed, the disease is also rare. It is in those crowded areas half-way between the primitive and the civilised that the disease is common. Examples of such areas are to be found around the periphery of large towns.

125. Nevertheless it can be said that no actual epidemic of typhoid occurred anywhere in the Protectorate, and the incidence in some rural areas actually fell. This fall is thought to be related to further advances in the provision of protected water supplies.

Tuberculosis

126. The number of African patients treated for tuberculosis in Government institutions during the past five years was as follows:—

1954	668
1955	804
1956	975
1957	1,219
1958	2,008

127. It will be seen that a far greater number of patients were treated in 1958 than in previous years. This was due in part to the greater use of dispensary beds in many areas of the Protectorate. Here selected patients underwent the balance of their in-patient therapy after an initial period at a neighbouring district hospital. (This development had the advantage of bringing African local governments closer to this tuberculosis control scheme through their direct interest in dispensaries.) Also contributing to the rise in the number of patients treated was an increased use

of out-patient treatment for fresh cases. Many patients first began treatment as out-patients because no beds were available for them in hospital; others were treated as out-patients from the beginning because their physical condition suggested that this was worthwhile. It was found later that many cases who had been started on out-patient treatment because of the lack of bed accommodation had responded so well that it was possible to dispense entirely with the need for admission to hospital. A third and important factor which gave rise to the increase in patients treated was the very special effort made by medical, nursing and health staff throughout the Protectorate.

128. Tuberculosis is unique amongst diseases found in the tropics. Being a chronic disease amenable only to prolonged care of the patient and close supervision of the treatment, it often requires lengthy hospitalisation. Inadequate control or premature withdrawal of treatment may lead to relapse or to the development of bacterial resistance. It will be appreciated, therefore, that the treatment of the disease imposes considerable responsibility on those administering it and, at the same time, necessitates the particular co-operation of the patients undergoing treatment. The unsophisticated patient finds the necessity of taking drugs continuously for as long as two years, or even more, difficult to appreciate. Furthermore, the need to travel often quite considerable distances for regular examination or to collect medicine is a strain on the patient. Unfortunately, early and obvious improvement in the health of the patient makes it difficult to convince him that continued treatment is essential. It is therefore not surprising that absenteeism and failure to attend regularly for treatment are recurring problems. To encourage regular attendance for long periods the provision of bus warrants by African local governments in the case of needy patients has been adopted in most districts. Nevertheless the main answer to the problem of irregular attendance, which also exists in sophisticated communities, lies in the continued education of the patient and the public into the nature of the disease and the demands made by its treatment. It goes without saying that successfully treated cases are a great encouragement to those still undergoing a course. It should be noted that even relapse from treatment does not necessarily mean the recurrence of the disease. Several patients have been seen recently who, disappearing after three to six months' treatment (though still actively tuberculous) presented themselves from one to two years later and were found to be either much improved in comparison with their previous X-ray or completely healed.

129. A further tuberculosis unit was opened at Lira Hospital, making five in all, and the total number of tuberculosis beds in Government institutions 326. The building of a sixth unit was started in Mbale.

130. The scope of the Tuberculosis Advisory Committee was broadened by the inclusion of the Specialist Radiologist, the Senior Pathologist and the Principal Medical Officer, Buganda. This body has the duty of reviewing periodically all aspects of the tuberculosis control

scheme and making recommendations to the Director of Medical Services. It now includes representatives of the Medical and Surgical Divisions of Mulago Hospital, the Medical School, central and provincial medical administrations and the specialised ancillary services.

131. During the first seven months of the year a World Health Organization Tuberculosis Survey Team carried out a statistically controlled investigation of 6,000 people in various parts of the Protectorate. Tuberculin tests, sputum examinations and mass miniature radiography were performed, and in some areas histoplasmin tests and B.C.G. vaccination also. The "return rate" for those under investigation was 97·8 per cent this is claimed as a record for any survey of this nature and size. It was achieved very largely through excellent co-operation between the district medical and health staffs, the provincial and local administrations and the African communities themselves, added to the painstaking work of the survey team. The report of the team, and the recommendations of the World Health Organization are awaited.

132. In the early part of the year the Protectorate was visited by Dr. Foreman, Superintendent of Sully Hospital, in South Wales, and Colonial Medical Visitor in Tuberculosis. He attended a meeting of the Tuberculosis Advisory Committee, and visited most districts of the Protectorate.

133. Chemotherapy trials continued in Mulago Hospital, in association with the other East African territories. Trials of normal doses and high doses of isoniazid used by itself were completed and the results assessed; findings confirmed that this form of therapy produces a high percentage of resistant cases. Trials of thiosemicarbazone with isoniazid, and C.I.B.A. 1906 with isoniazid were begun. These trials are being carried out under the aegis of the Medical Research Council and the East African Council for Medical Research.

134. Surgery for bone and joint tuberculosis, together with chest surgery the latter still on a small scale, continued at Mulago. As stated elsewhere in this report, a pilot scheme of bacterial sensitivity testing was started at the Central Pathology Laboratory and plans have been drawn up for a Protectorate-wide scheme.

Venereal Disease

135. Figures for cases of venereal disease treated in Government hospitals for the last five years are given below:—

	Gonorrhoea	Syphilis
1954	19,388	20,090
1955	21,645	19,975
1956	25,707	17,224
1957	29,935	16,499
1958	34,704	13,279

136. The incidence of syphilis continued to fall; in the other hand gonorrhoea is increasing. It is understood that these phenomena have their parallel in most western countries and it has been suggested that the fall in the incidence of syphilis is the result of more efficient treatment whilst the rise in gonorrhoea may well be due to the emergence of resistant strains of bacteria.

137. An unfortunate aspect of the problem of gonorrhoea is the vast number of patients who treat themselves (by purchasing black-market sulphonamides) or are treated by unqualified practitioners. The immediate consequence in either case is usually the alleviation of symptoms without complete elimination of the disease, whilst the end result is frequently admission to hospital for treatment of urethral stricture. (*See the section on Specialist Services—Surgery, elsewhere in this report.*)

Yaws

138. The number of cases of yaws treated in Government hospitals for the last five years is given hereunder:—

1954	14,436
1955	13,847
1956	10,880
1957	10,529
1958	8,557

139. As with syphilis the steady fall in the total number of cases of yaws undergoing treatment continued during 1958, and the condition no longer constitutes a major problem. Such has been the change in recent years that the District Medical Officer, Acholi, stated at the end of 1958 that in the four and a half years he had been in Acholi he had not seen a single case of either primary or secondary yaws. This is in marked distinction to the incidence at the beginning of the century when the disease was one of the most serious problems the Department had to face. Indeed, at the present rate of progress the disease might well become a rarity in Uganda within a few years. In this the Protectorate must consider itself fortunate, for the disease is a much more serious problem in neighbouring territories.

140. Where yaws still exists it is found in isolated pockets, for example in the Kigezi District. Here, in December 1958, a yaws campaign was carried out in the Kayonza gombolola. The World Health Organization's recommendations for such campaigns were followed. The basis of the scheme was to administer a large single dose of long-acting penicillin to every person in the treatment zone. A follow-up survey still remains to be done before the Department will know whether the disease has been excluded from the area. A total of 9,000 people was examined and treated. A further campaign on a similar scale is planned for another part of Kigezi.

D. HEALTH EDUCATION

141. During the year the Health Education Section, owing to absences on vacation leave, was without its Senior Medical Officer for three months, its artist for nine months, and its dark-room assistant for three months. The prolonged absence of the artist meant that the manufacture of posters virtually came to a standstill during 1958 and reliance had to be placed on accumulated stocks. Similarly, the manufacture of film strips ceased in the last quarter of the year, following the departure of the dark-room assistant.

142. Experience since the formation of the Health Education Section has established without doubt that to date the most effective form of visual aid in the propagation of health information is the film strip. Once a film strip is made, the subject matter can be supported by wall charts, booklets, posters and even magazine articles, using deliberately the same pictures in order to facilitate association of ideas. By the end of 1958 production of film strips had reached over 1,000 copies under 12 different titles. The response of African health staff to the film strip (shown by means of a small portable projector to a limited audience) has been most encouraging. They find it both stimulating and worthwhile and rapidly develop a flair for lecturing without notes as they pass the strip through their machines. Interest shown by the public has been maintained, in fact would seem to be growing, and the demand for film strips and projectors from up-country districts is now proving difficult to meet in full.

143. Apart from concentrating on the development of the film strip technique, the section continued to distribute posters, pamphlets and booklets on health education subjects. In addition use was made of the radio through a series of weekly talks entitled "Your Good Health" which ran for a number of months during 1958, whilst the Medical Officer in charge of the Child Welfare Unit centred on Kampala continued to organise child welfare talks in Luganda.

144. The Senior Medical Officer (Health Education attended a number of county shows held during the year, and advised local district medical officers on their displays. In addition he was present at the district show held in Ankole at Mbarara, and provided funds and materials to assist in the Masaka "Clean Food Week".

145. Though an integral part of the Medical Department there is no doubt that the Health Education Section is increasingly dependent on liaison with other Government organisations in order to produce the maximum impact on the public. It is a pleasure to record the very close co-operation which has existed throughout the year between the Health Education Section and the Community Development and Education Departments. There is little doubt that the main interest of the Medical Department must rest in teaching the children and young people, and here the Community Development and Education Departments have been most

helpful. In addition, co-operation with the Department of Information has remained excellent and it is hoped that liaison with this organisation will continue to grow.

146. In assessing the value of a centralised Health Education Section, it must be appreciated that with its existing staff and resources it cannot hope to be active in every district, even if this were considered advisable. Its role must continue to be that of adviser, co-ordinator and provider, with perhaps co-operation in special projects. In the main, it still rests with the district teams to provide the local impetus in this important work.

E. MATERNAL AND CHILD WELFARE

147. A statistical summary of work carried out in Government and mission units will be given in Part II of this report.

148. A total of 35 midwives entered and 43 left the service during the year. Two rural units at Teso and Bukedi were closed for a short time owing to the shortage of midwives, but were later re-opened. No new rural maternity units were opened during the year.

149. Nearly everywhere the demand for institutional deliveries exceeds the available space, and in Mulago and some other hospitals it is quite common for women who have had a normal delivery to leave hospital two or three days later. More mission units are exploring the possibility of providing a domiciliary service near maternity centres, but the reluctance of midwives to travel after dark is an obstacle.

Child Welfare Work

150. All provinces report steady development in the medical care of children. As has been explained in past annual reports, an attempt to operate separate welfare clinics and sick childrens' clinics has been given up, except in a few centres in the Kampala area; nevertheless, mothers are showing considerable interest in the talks and discussions held at these clinics.

151. The general issue of non-fat dried milk stimulated attendances, and in some districts this brought to light the existence of a much greater number of cases of malnutrition than had previously been suspected. Several district reports emphasised that malnutrition from an overall lack of calories is just as important a matter as true kwashiorkor caused by protein deficiency. Difficulty was, however, experienced in persuading mothers of the absolute necessity of giving more than two meals daily to their children.

152. In districts with two nursing sisters it was usual for one to give up a large part of her time to visiting rural clinics, spending nights out in rest-camps for this purpose. Sisters with health visitor certificates were working in five districts during the year.

153. There was an emphasis on children's clinics at district hospitals as much as in the rural areas. As existing out-patient departments are often too crowded to hold a properly conducted children's clinic, a start was made in 1958 in erecting supplementary building which have been named "Health Clinics". So far, five of these have been erected or are in process of construction.

Child Welfare Unit

154. One woman medical officer continued to be employed full time in charge of the Government Child Welfare Unit in Kampala, and assisted the District Medical Officer, Mengo, in running children's clinics throughout this district. She also personally supervised the clinics at two rural units (of which one is Mpigi Health Centre), at three women's clubs, and on one of the major agricultural estates. In addition, welfare clinics were held at two places in Kampala municipality. On the purely educational side this medical officer also took part in training assistant health visitors, lecturing to Red Cross home welfare classes and giving radio talks.

155. In addition to the medical officer the unit was staffed by two nurse/midwives, one certificated nurse, two wardmaids and a Red Cross worker.

156. For the last six months of the year dried milk from the Church World Service was distributed free to as many as possible of the children aged between six months and six years attending clinics associated with the Child Welfare Unit. Each child received 2 lb. of milk powder monthly, usually in fortnightly issues. The average attendances at these clinics worked out at 38, but at the largest it was as high as 150.

157. Attendances at all the clinics over the past three years are summarised in the following table. A marked improvement in the number of re-attendances is to be noted.

TABLE VI

	1956	1957	1958
New cases	3,238	2,973	2,431
Re-attendances	9,362	8,824	13,786
Total attendances	12,600	11,797	16,217
Number of clinics held	319	310	250
Average attendance at each clinic	39·4	38·0	76·5

158. In considering the differential diagnosis between kwashiorkor and other forms of malnutritional and ill health, the medical officer to the Government Child Welfare Unit suggests that the label "kwashiorkor" should be reserved for children presenting the following symptoms—failure of growth, oedema, hair changes and general misery. Simple underfeeding

in children under six months is common and there is little doubt that a contributory cause is the present popularity of bottle-feeding. The danger to the child is enhanced when non-fat dried milk intended for older children in the family is used.

159. During the past year, as far as it could be ascertained, it was found that amongst children up to six months of age, just over 20 per cent of Baganda were bottle fed, as against 10 per cent in other tribes.

160. The general incidence of marasmus and kwashiorkor for the past two years is summarized in the following table:—

TABLE VII

MALNUTRITION IN CHILDREN 0–1 YEAR

	1957	1958
Number examined	794	834
Marasmus	12 (1·5%)	7 (0·8%)
Underfeeding	55 (7%)	87 (10%)

MALNUTRITION IN CHILDREN AGED 1–6 YEARS

	1957	1958
Number examined	348	549
Kwashiorkor	24 (7%)	24 (5%)
Underfeeding	65 (19%)	78 (14%)

161. A reference to published work based on work done at the foregoing clinics is given in Appendix II.

F. SCHOOL HYGIENE

162. As far as possible all Government-aided schools are visited by a health inspector at least once a year. Routine medical inspections by doctors cannot be undertaken, but visits are made during district touring.

163. In the Eastern Province, an opthalmologist carried out a number of school inspections. In a representative school 737 examinations revealed 23 cases of trachoma and four of squint.

164. In Teso District the dental surgeon attached to the Freda Carr Mission Hospital at Ngora performed over 20,000 examinations of school-children with the help of a grant from the local government. The incidence of caries varied from 30 per cent to 77 per cent. Many cases were subsequently given treatment.

165. The position regarding midday meals in schools continued to improve in most districts.

G. ENVIRONMENTAL HYGIENE

Housing and Town Planning

166. Building enterprise during the year 1958 was on a par with 1957.

167. There has been very little demand for plots in the Grade III housing areas (previously known as "temporary housing areas"), and as a result consideration is now being given to abolishing Grade III housing areas and amending the rules governing Grade II areas to permit the use of grass for roofing houses in certain declared parts of these areas.

168. The committee set up by the Minister to amend the Building Rules (1951) completed its task and submitted its recommendations to the Minister, after which it began revising the Drainage and Sanitation Rules.

Water Supplies

169. During the year improvements were carried out to Soroti and Gulu water supplies, new sources being used, so that by the end of the year there were adequate quantities of water available for all purposes. A new supply was also put into use at Ngora.

170. Well drilling continued in all districts, under the direction of the Drilling Section of the Geological Survey Department. At the end of 1958, there were 2,646 boreholes in use in the Protectorate.

171. Other rural water supplies provided by the Protectorate Government included dams and valley tanks constructed by the Geological and Water Development Departments. Some 640 water reservoirs of this type were in use by the end of 1958.

172. Spring protection continued in the majority of districts. This work, as in the past, was controlled by health inspectors and carried out with funds provided by African local governments and the Community Development Department.

Food

173. *Meat.*—As in past years, members of the Medical and Veterinary Departments co-operated to carry out regular meat inspection in all urban areas. As usual the main reason for condemning meat was *Cysticercus bovis*.

174. *Milk.*—In the 1957 Report it was stated that the bulk of the milk now being used in urban areas was imported from Kenya in waxed cartons. Again the sales of this milk have increased, a trend which is to be welcomed.

175. *Legislation.*—During the past year a draft Food and Drugs Ordinance was prepared by a committee set up by the Minister; it is expected that this will be presented to Legislative Council early in 1959.

Hotels

176. New hotels were completed at Mbale and Kasese. The Masaka and Gulu hotels were nearing completion by the end of 1958; they are being constructed, as stated in the Report for 1957 by the Uganda Development Corporation.

Urban Sanitation

177. Under the new legislation most townships have now been declared town councils. The Mbale Town Council now has a full-time Medical Officer of Health and two Health Inspectors, whilst Masaka has a part-time Medical Officer of Health and a full-time Health Inspector.

178. The sewers and sewage disposal works at Mbale have been completed during the year and a considerable number of connections made.

179. During the year the Buganda Government passed an Ordinance entitled "The Town Planning and Building Law, 1958". Arising from the powers conferred by this Ordinance, a planning scheme was begun for the whole of the Kibuga, that is the area of land, mostly in private ownership, which immediately surrounds the municipality of Kampala. Building regulations for the area were also prepared and submitted to the Great Lukiko and the Governor for approval.

H. HEALTH AND WELFARE OF EMPLOYED PERSONS

180. During 1958 the Senior Medical Officer (Labour) was absent on vacation leave for a short period from the middle of September to the beginning of December, during which time matters of importance were dealt with by Medical Headquarters staff.

181. The morbidity pattern of the working population showed little change from that of previous years. Malaria continued to predominate and minor injuries were common. An analysis of sickness returns obtained from a number of the largest employers in the country is given in Table VIII. This analysis is only of value as a comparison with the same statistics for previous years; it cannot be used for international comparison. The cases reported refer for the most part to trivial conditions and bear no relation to time lost.

182. New hazards continued to appear on the industrial scene. In 1958 investigations were carried out into the possibilities of hazards arising from the accidental production of arsine, from the use of carbon bisulphide and phosphine as fumigants, and from the use of mercury compounds for dressing cotton seed. None of these hazards caused any danger to working people and it is anticipated that control can be satisfactorily effected in the future if it becomes necessary.

183. A first step has been taken in the protection of X-ray workers by the issue of a code of practice for all Government radiological departments. If the use of X-ray increases amongst private users it may be necessary to introduce some control of buildings and technique, either through a voluntary system or through legislation.

Table VIII

Table showing number of cases of Malaria, Respiratory Disease, Tropical Ulcer and Injury and Daily Sick Rates per thousand with the total number of new cases of all kinds and Sickness and Re-attendances.

	Estimated number of employees	Daily average number in sample	Malaria		Respiratory Disease		Tropical Ulcer		Injury		Total New Cases (all causes)		Total Re-attendance (all causes)		Grand Total	
			Cases	DSR per 1,000	Cases	DSR per 1,000	Cases	DSR per 1,000	Cases	DSR per 1,000	Cases	DSR per 1,000	Cases	DSR per 1,000	Cases	DSR per 1,000
Agriculture	47,505	28,644	29,403	2·88	13,863	1·36	3,747	0·37	19,974	1·96	104,569	10·25	90,849	8·90	195,418	19·15
Mining	3,949	2,231	710	0·86	1,241	1·52	75	0·09	1,573	1·92	6,437	9·05	6,081	7·40	12,518	15·24
Manufacturing ..	25,233	1,994	1,401	1·97	2,805	3·94	118	0·17	3,593	5·05	16,750	23·56	15,243	21·44	31,993	45·00
Miscellaneous ..	—	3,143	539	0·48	452	0·39	—	—	1,226	1·08	4,683	4·14	11,739	10·05	16,422	14·51
Total ..	—	36,082	32,053	2·49	18,361	1·43	3,940	0·31	26,366	2·05	132,439	10·29	123,912	9·63	256,351	19·92

Estimated total of Employees = 320,000. DSR = Daily Sick Rate.

184. In certain areas onchocerciasis has always been a potential danger to employed persons. During the year surveys of two areas, one of direct interest to a large mining group and the other in connection with a proposed hydro-electric scheme, were completed. Arrangements for simulium eradication in the latter area were well advanced by the end of the year.

185. The Nutrition Unit carried out a dietary and nutrition survey amongst a family group of contract labourers. This was described earlier in this report under Chapter III—Public Health, Subsection B, Food and Nutrition. It is intended that more surveys of this nature shall be carried out in the future.

186. The fall in immigrant labour, particularly from Ruanda Urundi, which took place in 1957 has been maintained. The numbers have now returned to the level of previous years. The medical examination of those immigrants reporting to recruiting centres continued. In the year under review, from one recruiting centre carrying out its own examinations, there were more rejections than usual. This was because the demand for labour, particularly towards the end of the year, was less than the potential supply and consequently the standard of physical fitness required was raised.

187. The larger employers continued to provide medical facilities for their labour, and there are now 300 hospital beds provided by employers.

I. INTERNATIONAL AND PORT HYGIENE

188. Smallpox was the only disease covered by the International Sanitary Regulations to occur during the year 1958. There was a total of 358 cases, all of the alastrim type. Two deaths were reported.

189. Out of 1,765 aircraft which landed at Entebbe Airport during the year, 764 were sprayed with insecticide.

190. The rainfall recorded in Entebbe during 1958 was 65·85 inches spread over a period of 160 days.

191. As part of the Protectorate's international obligations, all premises in Entebbe were regularly inspected for mosquito breeding conditions and out of 35,550 inspections made, larvae were found on 71 occasions.

192. The following requirements of the Uganda Government have been notified to the World Health Organization and have been circulated by that body to all countries:—

Smallpox.—Arrivals from infected local areas must have valid certificates of vaccination. Arrivals from all countries are "recommended" to have been vaccinated before arrival.

Yellow Fever.—The requirements correspond to those for smallpox. A large part of the Belgian Congo and the southern portion of the Sudan (some distance south of Khartoum) are the main infected areas with which Uganda is concerned. Although all the territories in East

Africa are technically designated as "receptive areas" by the World Health Organization, certain countries exercise the right (as they are entitled to do) to require all persons coming from Uganda to be protected against yellow fever (these countries include India, Pakistan, Arabia, Egypt and South Africa).

Cholera.—Arrivals from infected local areas are required to possess a valid vaccination certificate.

J. HEALTH OF PRISONERS

193. The responsibilities of the Medical Department in providing medical care for prisoners continued to increase during 1958. Daily visits to the prisons by a medical assistant from the nearest district hospital, supplemented by a weekly visit from the medical officer, were the rule.

194. In addition to the 26-bed hospital (with a resident medical officer) at Luzira, the following units administered by the Prisons Department were provided with full-time medical assistants by the Medical Department:—

Jinja Prison

Recidivists Prison, Morokatipe (near Tororo)

Kitalya Prison Farm

Kampiringisa Reform School.

195. In Buganda the Kabaka's Government maintained one Medical Officer in Charge of Prisons, together with resident medical staff, at the main prison of Kigo.

196. There were no major outbreaks of infectious disease during the year. The practice of vaccinating all prisoners against smallpox and the enteric group of fevers was general.

197. At Bugembe Local Government Prison in Busoga, there was a small outbreak of eight cases of typhoid with two deaths.

198. Morbidity and mortality statistics for prisoners in Protectorate prisons during the past five years are as follows:—

TABLE IX

	1954	1955	1956	1957	1958
Daily average in prison ..	4,071	4,482	4,894	5,257	5,626
Percentage on sick list ..	1·5	1·4	1·8	1·6	1·4
Death rates per 1,000 ..	7·1	6·0	4·7	5·6	4·8
Hospital admissions per 1,000	378	450	373	412	355

199. There were 26 deaths in Protectorate prisons during the year compared with 32 in 1957. The causes were as follows:—

Asphyxia and drowning	1
Bacillary dysentery	1
Cirrhosis of liver	1
Electric shock	1
Haemorrhage of the brain	1
Hepatitis, acute infective	1
Pneumonia	2
Pulmonary tuberculosis (with other diseases) ...	1
Septicaemia	1
Suicide by taking poison	1
Syphilitic aortitis	1
Typhoid fever	1
Uraemia	1
Ill-defined causes	12

K. AFRICAN LOCAL GOVERNMENTS AND MUNICIPALITIES

200. It is recorded with satisfaction that the anomalous method of administration of dispensaries, referred to in the section of this report devoted to Rural Medical and Health Services, may be resolved in the reasonably near future. In the latter half of 1958 Government began to examine the whole structure of Protectorate and African local government financial relationships with intent to produce a more logical division of responsibility. Medical services feature prominently in this examination, which will continue into 1959.

201. The estimated expenditure by African local governments for health services for the year 1958/59 totals £303,530 recurrent and £129,813 non-recurrent; details are given in Appendix V to this report.

202. The Urban Authorities Ordinance came into force during the year. As a result plans were drawn up for the creation of independent town councils at Mbale and Masaka, to come into force early in 1959. Other township authorities will become town boards.

L. RELATIONS WITH THE BUGANDA GOVERNMENT

203. The year 1958 saw no further devolution of services to the Buganda Government. Curative services throughout Buganda remained the responsibility of the Buganda Government with the exception of the hospitals at Kampala, Masaka and Entebbe, and four dispensaries. The

year was spent in consolidating the new arrangements and was noteworthy for an improvement in the standards maintained at Bombo and Mubende hospitals.

204. Relationships between the Medical Department and the Buganda Medical Service were excellent throughout the year.

M. STATUTORY BOARDS AND COMMITTEES

205. The Advisory Board of Health which is appointed under the Public Health Ordinance held two meetings during the year. Business was again mainly concerned with the approval of Grade II and Grade III housing areas. The Board was asked to agree to the revision of Rule 12 of the Grade III Building Rules to permit the use of grass walls in dwellings, but was unable to agree to such an amendment.

206. The Medical Board held two ordinary meetings, and a special meeting was called in September to discuss the proposed new bill to amend the Medical Practitioners and Dentists Ordinance. During the year the Board dealt with the licensing of eight new practitioners, a disciplinary case involving a conviction on a charge of obtaining money by false pretences, and agreed to support a proposal to reduce the period of internship to one year in respect of Makerere graduates. The Board also considered a complaint from the Registrar of the Pharmacy & Poisons Board concerning the irregular manner in which prescriptions were made out by general practitioners, as a result of which all medical practitioners were circularised with a request to follow the proper requirements of the law. The Board also considered the findings following an investigation into excessive purchases of Part I poisons by a licensed medical practitioner.

207. The old Nurses and Midwives Council met twice during 1958, followed by one meeting, at the end of the year, of the new Nurses, Midwives and Medical Assistants Council, formed under the new Ordinance which came into force in October.

208. The Pharmacy and Poisons Board held four meetings during the year. The Pharmacy and Poisons Rules were completed in October and the Ordinance became effective on the 2nd October under Legal Notice No. 267 of 1958. The Rules and Schedules also became effective on the same date.

209. In addition to the aforementioned boards and committees, the Director of Medical Services, or his representative, serves on the following:—

The Factories Board
The Town and Country Planning Board
The Central Labour Advisory Board
The Hotels Board
The Water Pollution Committee
The New Mulago Executive Committee

The Mengo and Nsambya Training Schemes Committees

The Nsambya Hospital Committee

The African Housing Executive Committee

The East African Advisory Committee for Research

The Tsetse, Trypanosomiasis and Game Sub-Committee

The Water Resources Sub-Committee of the Natural Resources Committee

The Scientific Advisory Committee on Human Nutrition in Uganda

The Council of Voluntary Social Services

The St. John Council for Uganda

The Pensions Appeal Tribunal

The Council for Post-Graduate Medical Training

The Board of Studies.

The Executive Committee, Uganda Branch, British Red Cross.

N. REGISTRATION OF PROFESSIONAL PERSONS

210. On the 31st December, 1958, the number of persons appearing in the various professional registers were as follows, compared with the figures for 1957;—

TABLE X

Register	Number at 31–12–57	Number at 31–12–58
DOCTORS—		
Registered	305	371
Provisionally registered	18	6
Licensed	54	52
DENTISTS—		
Registered	17	19
Licensed	8	8
Under permit	1	1
PHARMACISTS	34	34

Under the new Nurses, Midwives and Medical Assistants Ordinance, 1958, the number of names appearing on the Rolls as at 31st December, 1958, was as follows:—

Nurses—	
United Kingdom or equivalent registrable qualifications	174
Midwives—	
United Kingdom or equivalent registrable qualifications	164
Certificated Nurses, Uganda	501
Midwives, Uganda	526
Medical Assistants, Uganda	321
Nursing Orderlies, Uganda	213

IV.—CURATIVE SERVICES

A. HOSPITALS

NOTE.—This section is devoted to general comments on the building work carried out in various hospitals, the number of beds available, and information on the numbers of patients treated (given in round figures).

KAMPALA

Mulago Hospital

211. This hospital is by far the largest in the country and is the one on which the specialist services are based. In the treatment of patients it therefore has two functions, that of serving the sick in the immediate vicinity and of treating referred cases from district hospitals.

212. In addition it is a leading teaching hospital, providing in conjunction with Makerere College the only training school for doctors in East Africa, Makerere Medical School itself being sited next to Mulago Hospital. Senior members of the Government staff attached to the hospital assist in the training of medical students and similarly the professorial and other teaching staff of Makerere Medical School aid in the care of the sick at the hospital. Co-operation between the staff of college and hospital was, as usual, excellent throughout the year.

213. Mulago Hospital also serves as a training school for a number of Government junior staff, namely nurses, midwives, dispensers and radiographers, whilst at the same time providing the clinical material for pupils training as laboratory assistants.

214. The number of beds in Mulago Hospital was raised by the addition of 14 more beds for tuberculous patients. There is now a total bed strength of 662. To these beds were admitted 15,000 in-patients, roughly the same as last year. New cases reporting to the out-patients department for treatment reached nearly 143,000, a relatively large drop in the figure of almost 152,000 for 1957. There was a correspondingly large drop in first attendances at Kampala Dispensary where the figure for 1958 was 84,000 compared with nearly 95,000 for the previous year. It is possible that a partial explanation for this reduction in attendances is a rise in the in-patients and out-patients treated in the three hospitals administered by the Kabaka's Government (Mubende, Bombo and Mityana); here the in-patients treated by all three hospitals in 1958 approximated to 9,500 compared with 6,400 last year, whilst the new cases reaching the out-patients departments totalled 86,000 as opposed to 81,000 in the previous year.

215. The main building work consisted of the construction of seven new all-purpose houses for medical staff, 12 flats for nursing sisters and a 14-bedded open ward for the treatment of tuberculous cases. The sister's flats were unfinished by the end of the year, but should be completed early in 1959. The tuberculosis ward was built from funds provided through the Medical Research Council. Apart from this capital development, much repair work was carried out in the hospital.

216. Welfare in its various guises is still a heavy responsibility at Mulago Hospital. Fortunately the energetic and enthusiastic Medico/Social Workers has done much for the various problem cases reaching the hospital. These are usually elderly destitutes, orphans and motherless children. Homes have to be found for them, and during the year the Medico/Social Worker reports that she has been reasonably successful. Old men present the most acute problem; unlike old women it seems to be difficult to find relatives who will care for them.

217. Assistance received from the Salvation Army, who have continued to maintain a hostel to house ambulant sick, has once more been considerable.

218. During the year the Medico/Social Worker has assumed most of the responsibility for arranging transport up-country for referred patients returning to their districts. With the number of unemployed always in Kampala, the Medico/Social Worker has found it increasingly difficult to obtain employment for discharged patients, but in this connection the Kampala Labour Exchange has been as co-operative and helpful as possible.

219. One is disappointed to have to record that the Mulago Hospital Advisory Committee is not enthusiastically supported by a number of its members. Though it met once a quarter, it must be said that the members to attend most frequently were the hospital padres, few of the remainder appearing to be actively interested in the hospital and its work.

New Mulago Hospital

220. In September work commenced on the site of the new hospital and an Executive Committee was appointed to replace the New Mulago Hospital Planning Sub-Committee, which had fulfilled its functions.

221. By the end of the year, there had been considerable earth moving and digging of foundations had commenced. The work is being carried out by contract.

Nakasero Hospital

222. A new ward block containing 12 Grade A beds was completed in 1957, though the annual report for that year stated that owing to shortage of staff it was not found possible to open it. Despite this the beds it

contained were included in the total bed strength of the hospital for 1957, i.e. 120. This remained the official bed strength for the year under review, although in fact all 120 beds were not available in 1958 as about the same time as the taking over of the new block, just after the middle of the year, an extensive rebuilding and renovation programme was begun in other parts of the hospital. This programme is expected to continue well into 1959.

223. The new administrative block begun in 1957 was completed in 1958, together with the conversion of the former administrative block into a minor operating theatre and consulting rooms for specialist staff.

224. The African nurses hostel was finally completed, but was still not in use by the end of the year owing to difficulties in recruiting a warden.

The number of in-patients treated at the hospital was of the order of 2,500 compared with 2,900 the previous year. Out-patients attending for the first time approximated to 14,700 compared with 13,900 in 1957.

The Mental Hospitals

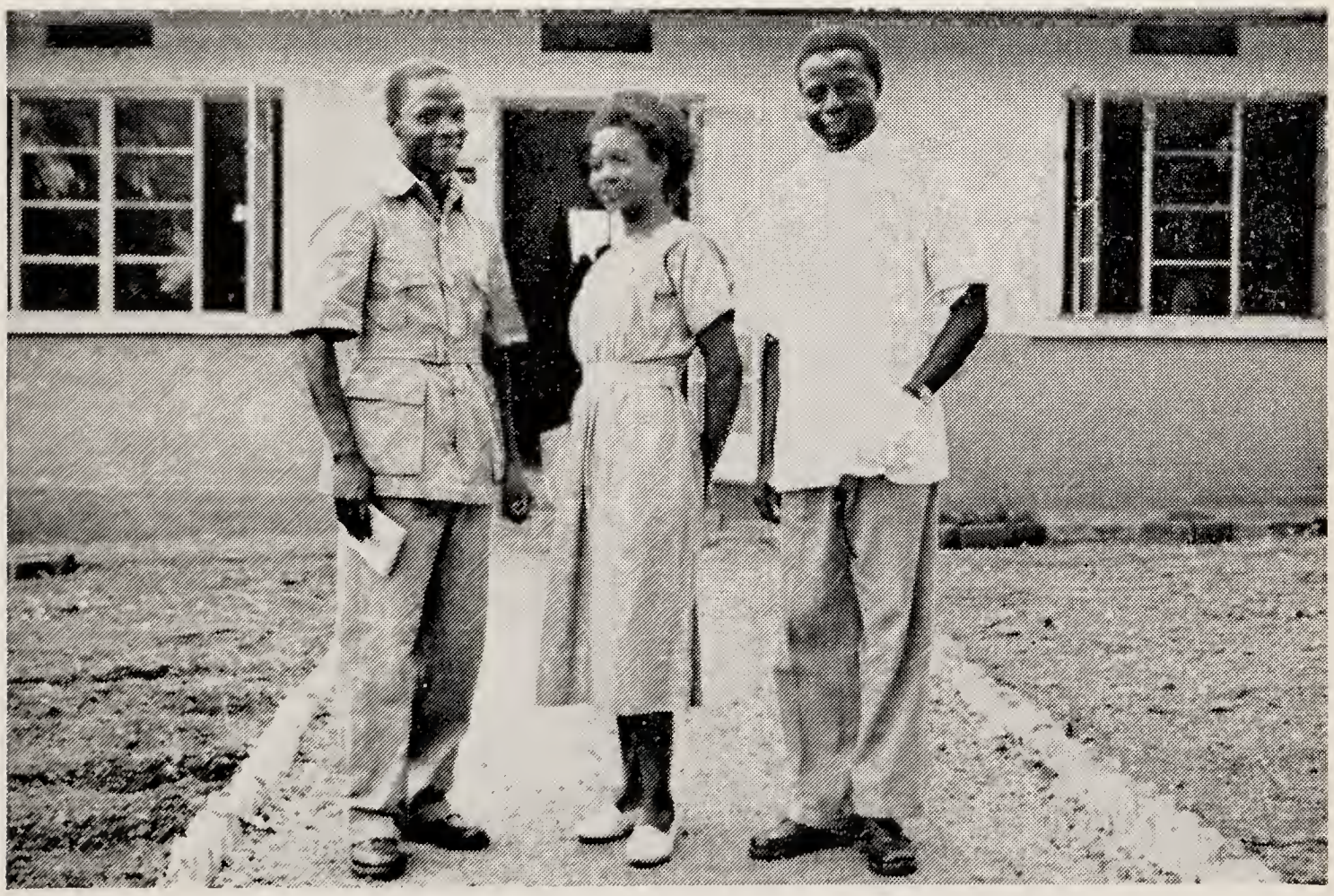
225. Psychiatric patients are at present treated in two hospitals, the old Mulago Hospital, situated in close proximity to Mulago Hospital itself, and the new Butabika Hospital for mental disorders still in process of construction. The ultimate intention is, of course, that when Butabika attains its maximum capacity, Mulago Mental Hospital will be closed.

226. Both hospitals remained at the same authorised bed strength during 1958 as in 1957, namely 342 beds at Mulago and 104 at Butabika. Although this was the case, work was actively in progress on new wards at Butabika and also, towards the end of 1958, on new semi-permanent wards for female patients at Mulago Mental Hospital. None were ready for opening, however, by the end of the year. The construction of additional wards at the old hospital was made necessary by the continual increase in the number of in-patients during 1958. The acquisition of these buildings—two 30-bed wards for the female side of the hospital—will permit the re-allocation of certain wards, leading to an increase in the accommodation available for criminal lunatics, who continue to create serious overcrowding problems.

227. Butabika Hospital is developing well and has been the subject of high praise from visiting experts who have seen it. At present it accommodates only male patients suffering from milder psychiatric disturbances.

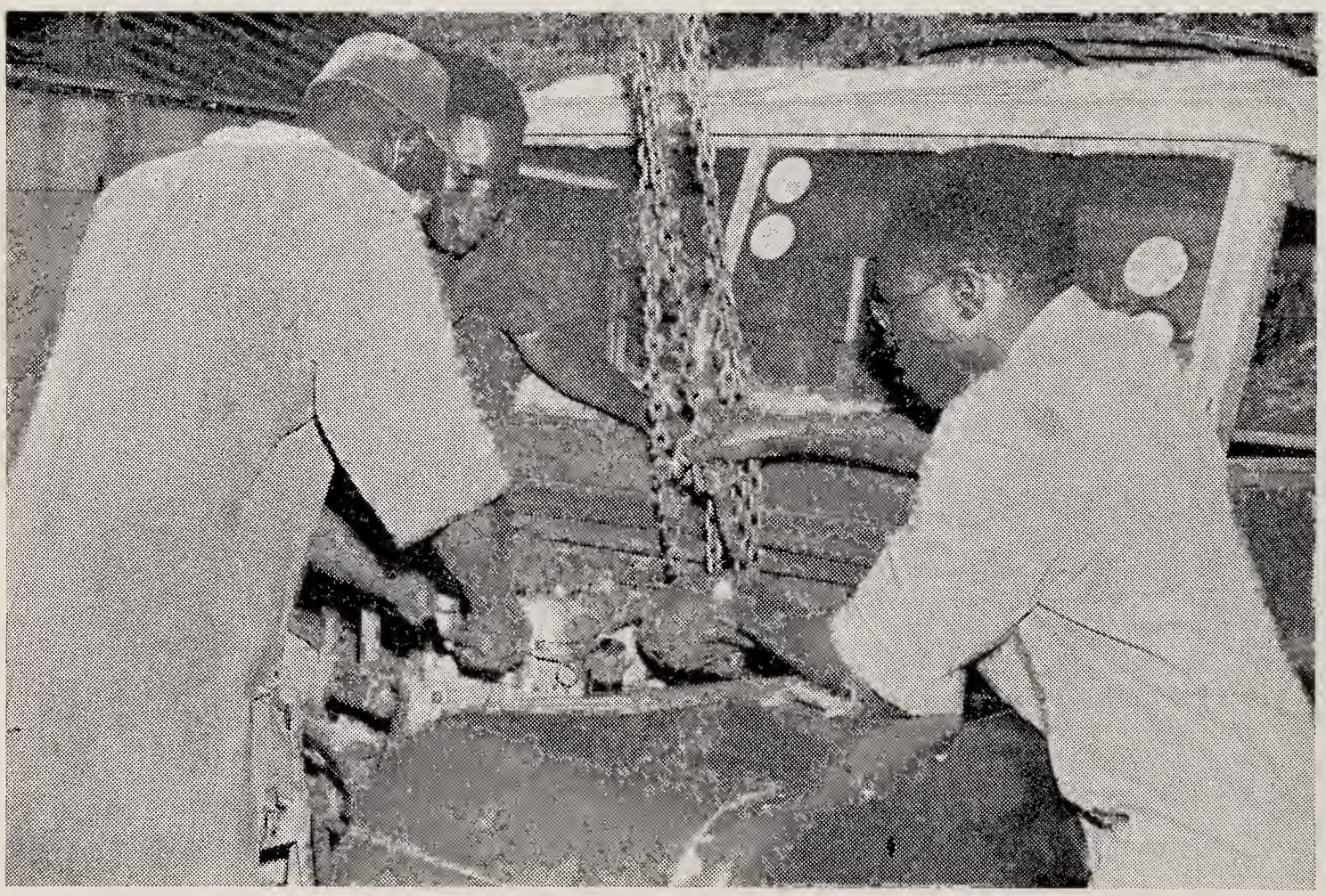
228. By the end of 1958, the two hospitals, with a combined official bed strength of 446, were accommodating 650 patients compared with 610 at the end of 1957. This serious state of affairs is discussed in more detail under the relevant heading in the section of this report devoted to Specialist and Consultant Services.

THE MPIGI HEALTH CENTRE—OPENING BY H.H. THE KABAKA OF BUGANDA



THE MPIGI HEALTH CENTRE "TEAM"—HEALTH INSPECTOR, MEDICAL ASSISTANT AND ASSISTANT HEALTH VISITOR

THE MOBILE X-RAY CLINIC



MEDICAL DEPARTMENT GARAGE—VEHICLE MAINTENANCE

CHILD WELFARE

MEDICAL DEPARTMENT HEALTH EDUCATION POSTERS

TUBERCULIN AND LEPROMIN TESTING OF SCHOOLCHILDREN

SEARCHING FOR
S. DAMNOSUM LARVA,
MUBUKA RIVER, TORO

Mbale Hospital

229. The establishment of a Provincial hospital at Mbale, planned in 1956, was well under way by the end of 1958. During the year a block of nursing sisters' flats was built and a nurse/midwives hostel to accommodate 10 was virtually completed, together with extensive alterations to the operating theatre. By the end of the year another two buildings were begun, a new block designed to accommodate 20 Grade A beds, and a new 40-bedded tuberculosis ward. This will lead to an increase in the number of beds available for in-patients during 1959. Meanwhile, in 1958, available beds remained at 183 for all races which was the same figure as last year. Despite no increase in accommodation the hospital admitted approximately 7,300 cases compared with something under 6,800 the previous year. At the same time the inadequate and overcrowded out-patient department, largely through first-class organisation, coped with nearly 82,000 out-patients attending for the first time, compared with 74,000 in 1957. The increased popularity of the hospital can be related to the transfer during the year of Provincial Headquarters from Jinja to Mbale, together with the fact that by the end of 1958 three medical officers with post-graduate higher qualifications were stationed at Mbale, in addition to the surgeon and physician previously in residence there being a Medical Officer with special qualifications and experience in obstetrics and gynaecology. The presence of these three officers has allowed the establishment of consultant clinics at Mbale which take referred patients from Soroti, Moroto and Tororo.

Jinja Hospitals

230. The group of Jinja hospitals with an authorised bed strength of 310 by the end of 1958 compared with 308 for the previous year, comprised the largest concentration of beds in the Protectorate outside Kampala. The development of Mbale Hospital as the Provincial centre, together with Jinja's relative proximity to Kampala makes it possible, in the present state of development of specialist services, to cover the work at Jinja without posting staff with specialist qualifications to this hospital. Instead it is visited from time to time by a number of specialists from Kampala. It is an exceedingly busy hospital serving a highly populous area. Over 9,600 patients were admitted during the year under consideration, compared with about 8,900 in 1957. The relative numbers of out-patients attending the hospital for the first time were 92,000 and 70,000.

231. Buildings completed in Jinja during the year were a new hostel for nurse/midwives and a new labour ward for Kiira Hospital—the name given to the Grade A accommodation in Jinja. Still under construction on 31st December, 1958, was an additional extension to the general wards of Kiira Hospital and extensions to the Nursing Orderlies Training School.

Tororo Hospital

232. This old and somewhat dilapidated hospital with an authorised bed strength of 172 has been virtually rebuilt. The end of 1958 saw the completion of a new out-patient department, a new X-ray Unit and a new maternity ward. Building work begun, but as yet incomplete, consists of alterations and improvements to the administrative block and operating theatre. Unlike the two larger hospitals in the Eastern Province, Tororo has admitted fewer in-patients during the year under review, nearly 4,700 being admitted compared with just under 5,200 the previous year. Part of the cause of this drop was stricter control over admissions. On the other hand, attendances at the out-patient department rose steeply, in all probability as a result of the considerable improvement in facilities provided in the new wing. There were just over 68,000 cases attending for the first time, compared with approximately 50,000 in 1957.

Soroti Hospital

233. Soroti is a relatively small hospital of 87 beds, serving an important district with a well-developed dispensary service. During 1958 development of the maternity side of the hospital was begun with the construction of a 24-bed maternity unit and ante-natal clinic. Completion of this unit is expected in the first half of 1959.

234. Meanwhile, the hospital admitted a total of almost 3,000 cases in 1958, roughly the same as the previous year. Over 65,000 new cases attended the out-patient department compared with 52,000 last year. The hospital has an arrangement whereby a proportion of in-patients with long-term diseases are transferred from Soroti to nearby dispensaries, in particular Serere Dispensary which takes tuberculosis cases after investigations at Soroti have been completed.

Namasagali Hospital

235. This hospital has a total bed strength of 36. No modifications to the hospital were made during the year, but despite this its popularity has continued to increase. Returns of in-patients for 1957 indicated just over 700 patients admitted, whereas returns for this year give a figure of a little over 900. Similarly, last year's return gave nearly 15,000 out-patients attending hospital for the first time, whilst this year the same return indicates attendances of almost 17,000.

NORTHERN PROVINCE

Gulu Hospital

236. The general standard of medical treatment provided has continued to develop and the transfusion of blood, the administration of oxygen in emergency and an efficient system of close-circuit anaesthesia are now standard therapeutic procedures.

237. Building work was limited to extensions to the Midwives Training School.

238. The authorised number of beds remained at 104, as in 1957. Closer control of admissions, allied to intensification of outpatient treatment led to no change in the number of in-patients admitted, despite a rise in the number of first attendances by out-patients. Thus there were roughly 3,300 in-patients in both 1957 and 1958 whilst out-patient first attendances for 1957 approximated to 41,000 and in 1958 to 44,000.

Lira Hospital

239. The authorised bed strength of this hosp'tal in 1957 was 150. Since then the number of tuberculosis beds has risen from 28 to 40 so that there are now over 160 beds at the hospital, the precise number of permissible beds not yet having been stabilised. Lira Hospital is at present the largest unit in the Northern Province.

240. During the year the hospital was extended by the provision of a new X-ray block and work was commenced on a new out-patient department, completion of which is expected early in 1959.

241. It is satisfactory to be able to record that a blood transfusion service organised at this hospital in 1956 still flourishes with a donor panel made up of members of all races.

242. Though in-patients treated remained at roughly the same level as in 1957, i.e. nearly 4,600 this year compared with about 4,700 last, there was an appreciable drop in first attendances at the out-patient department. In the year under review there were a little over 41,000 cases compared with over 57,000 in 1957. No reason has been adduced for this fall in out-patient attendances except that there is evidence that a number of dispensaries in the district have treated more cases.

Arua Hospital

243. The opening of a new large maternity unit to replace the old wards will raise the bed strength of this hospital from 86 to over 100 next year. The extensive programme of modernisation is now coming to an end, the new out-patient department having been completed in August. This unit has been built to a new design aimed at improving the continuous flow of patients through the building and avoiding congestion wherever possible. Experience so far has shown that the design is highly successful, with one possible criticism, namely that the waiting-halls become somewhat crowded at peak hours.

244. Returns show that there were approximately 57,000 first attendances at the out-patient department in 1958 compared with 51,000 in 1957. In-patients were over 2,400 for the year, compared with approximately 2,300 in 1957.

Kitgum Hospital

245. The authorised bed-strength of Kitgum Hospital remained at 59. Building development included an extension to the medical store which was completed in December and work was commenced on the new maternity ward and ante-natal clinic. It is expected that this will be in use by the middle of 1959.

246. Just over 26,000 new cases attended the out-patient department as compared with something more than 27,000 in 1957; the number of admissions approximated to 2,000, virtually the same as the previous year.

Moyo Hospital

247. An extension to the maternity ward of this small hospital of 55 beds was completed during the year, and by December the new kitchen was nearing completion.

248. Just over 27,000 new attendances were reported at the out-patient department, a drop of approximately 2,000 from the figure of just over 29,000 for 1957, whilst the corresponding figures for admissions were approximately 1,500 for 1958 and 1,700 for 1957.

Moroto Hospital

249. Moroto Hospital with 45 beds caters for the whole of Karamoja and, incidentally, an appreciable part of adjacent Turkana; it remained full throughout the year. No new building development took place.

250. Approximately 17,000 new patients attended the out-patient department during 1958, compared with under 15,000 in 1957. The figures for in-patients remained about the same at approximately 1,500.

WESTERN PROVINCE

Fort Portal Hospital

251. Extensions and improvements to Fort Portal Hospital, with an authorised bed-strength of 106, continued throughout 1958. A new X-ray plant was installed and the new maternity ward and clinic block was nearing completion by the end of the year. Work on the new out-patient department proceeded satisfactorily.

252. The number of out-patients continued to expand, nearly 47,000 new cases being treated, compared with less than 39,000 the previous year. Admissions totalled 3,600 as against 2,700 for 1957.

Kabale Hospital

253. Work at this hospital continued to increase throughout 1958, continual strain being placed on its authorised bed-strength of 133.

254. Building work completed during the year consisted of new medical stores and a 12-bed tuberculosis ward. Various other minor improvements were also carried out.

255. Statistical returns show that the number of new cases treated in the out-patient department rose by more than 20,000 in 1958, from just under 32,000 in 1957 to over 52,000 this year. Admissions totalled 3,700, a rise of nearly 500 over the previous year's figure of 3,200.

Mbarara Hospital

256. With the completion of a new tuberculosis ward the bed-strength of this hospital was increased from 129 to 134 this year. A new X-ray set was installed in the X-ray department in June.

257. The number of out-patients has continued to increase, nearly 53,000 new patients being treated in 1958 compared with under 47,000 in 1957. In-patients totalled 3,100 as compared with 2,800 in the previous year.

Hoima Hospital

258. This hospital, though slightly smaller than its partner, Masindi, is the headquarters of the District Medical Officer, Bunyoro. Its authorised bed-strength remained at 52 and no building expansion took place during the year, although a new out-patient department and other buildings are planned.

259. The hospital grew in popularity during the year, new cases attending the out-patient department rising from just under 25,000 in 1957 to well over 26,000 in 1958. In-patients showed a corresponding rise from approximately 2,200 to nearly 2,900.

Masindi Hospital

260. The official bed-strength of this hospital remained at 57 during the year under review. The building of a new out-patient department was started during the last quarter of the year. The need for this new building is possibly reflected in a slight fall in the popularity of the out-patient department; rather more than 27,000 cases attended there for the first time during 1958, compared with well over 29,000 for the previous year. On the other hand, more patients were admitted to the hospital, over 2,700 being given in-patient treatment in the year under review, compared with just under 2,500 for the previous year.

PROTECTORATE HOSPITALS WITHIN BUGANDA

Masaka Hospital

261. During 1958 Masaka Hospital retained its authorised bed-strength of 285 and with an improved staff position steady progress has been

made. During the year the new kitchen and laundry buildings were completed and the laundry put into use, but by the end of the year the kitchen equipment had not arrived. A new dental unit was commenced towards the end of the year, in anticipation of the posting of a Dental Surgeon.

262. Attendances continued to increase, nearly 77,000 new patients reporting to the out-patient department in comparison with just under 57,000 in 1957, whilst the figures for in-patients approximated to 9,200 for 1958 and 8,300 for 1957.

Entebbe Hospitals

263. The official bed-strength of the Entebbe hospitals remained at 98, the same as last year. Building work included the re-roofing of the maternity ward and general redecoration. A new kitchen and laundry unit commenced in July was not completed by the end of the year owing to technical difficulties connected with the electricity supply.

264. Out-patients attending the department for the first time numbered 41,300 as compared with 44,400 in 1957. In-patients totalled 2,650 as against 2,900 in the previous year.

HOSPITALS OF THE BUGANDA GOVERNMENT

Bombo Hospital

265. With the opening of a new maternity ward in August, the bed-strength was increased from 52 in 1957 to 62 in 1958. Three staff quarters have been completed and plans have been made for redesigning some of the existing wards.

266. Approximately 27,000 patients attended as new cases at the out-patient department in the year under review, compared with 25,000 the previous year. In-patients admitted numbered 2,900.

Mityana Hospital

267. Four new beds were added in 1958 making a total of 82 as compared with 78 for 1957. No new buildings were constructed.

268. Over 34,000 new cases reported to the out-patient department in 1958 and over 3,600 in-patients were treated.

Mubende Hospital

269. The authorised bed-strength remained at 64. Building development consisted of a much-needed new house for the Medical Officer.

270. Nearly 25,000 new cases attended the out-patient department during the year, with in-patients totalling just over 3,000.

B. RURAL MEDICAL AND HEALTH SERVICES

271. At the end of 1958 there were 170 dispensaries in the Protectorate administered either by the Medical Department or by the Buganda Government. Of these dispensaries 154 were equipped with beds for general cases, maternity cases, or both.

272. The distribution of dispensaries by provinces is given in the table below, together with the distribution of beds on the same basis:—

TABLE XI

Dispensaries	With beds	Without beds	TOTAL
Northern Province	41	7	48
Eastern Province	27	14	41
Western Province	36	10	46
Buganda	34	6	40*
TOTAL ..	138	37	175

* Four of these dispensaries were administered by the Medical Department.

Dispensary beds	General	Maternity	TOTAL
Northern Province	421	Nil	421
Eastern Province	670	189	859
Western Province	487	108	595
Buganda	350	156	506
TOTAL ..	1,928	453	2,381

273. During 1958 departmental policy was directed towards improving standards in existing dispensaries, in preference to increasing the total number of dispensaries or increasing the size of existing ones. (The main reason for discouraging the erection of new dispensaries at the present time is the shortage of trained personnel with which to staff them). As a result no new dispensaries were built in 1958 and there was only a moderate increase in the number of beds—from 2,217 in 1957 to 2,380 in 1958. On the other hand there was, during the year, considerable improvement in the quality of dispensary buildings, more particularly in the Western and Northern provinces. Old wards were pulled down and new ones erected, and in some cases dispensaries were entirely rebuilt.

274. Taking Uganda as a whole dispensaries vary greatly in type from the most primitive buildings of temporary materials to dispensaries which, but for the absence of medically qualified staff, would otherwise be classed as hospitals. Generally speaking the larger dispensaries with many beds are to be found in the Eastern Province and the Kingdom of Buganda and the smaller ones in parts of the Western and Northern provinces. This variation in the size of dispensaries can give rise to very misleading conclusions if attempts are made to relate numbers of dispensaries to population. Thus in the whole Protectorate Bunyoro District has the largest number of dispensaries in relation to the population, but this is in no way indicative of the true position. Bunyoro has one dispensary per

10,000 inhabitants, whilst Kigezi has less than one-third of a dispensary per 10,000; on the other hand, Bunyoro has two dispensary beds per 10,000 persons, whilst Kigezi has six and three-quarter dispensary beds for the same number of people. Similarly, Karamoja has over half a dispensary per 10,000 inhabitants as against Bugisu's one-third, whilst having only three-quarters of a dispensary bed per 10,000 of the population as opposed to Bugisu's nine.

275. As in past years the administration of the dispensaries remained anomalous. They are built and maintained by African local governments; in certain cases the African local government is also responsible for some of the junior staff, but this arrangement varies from province to province. Meanwhile the Protectorate Government is responsible for the higher grades of staff, and for drugs, dressings and other expenses.

276. It was stated in the Annual Report for 1957 that increasing use was being made of dispensary beds for the accommodation of patients with tuberculosis who had satisfactorily completed their initial treatment in hospital and were now convalescent, at most, in need of simple treatment prior to eventual discharge. Experience during 1958 confirmed the impression that this system works exceedingly well if properly supervised. It relieves the hospitals of considerable pressure on their beds and puts dispensary accommodation to fuller use.

277. The feeding of these tuberculosis patients can, however, be a problem; if not properly supervised it may lead to deterioration in the patient's progress.

Health Centres

278. Reference was made in the Annual Report for 1956 (paragraph 254) to the creation of pilot health centres. These are developed from existing dispensaries, and by the end of 1958 three of these special centres, having obtained the necessary staff, buildings and equipment, had been formally opened, one at Mpigi (Buganda) another at Budaka (Eastern Province) and the third at Kisomoro (Western Province), whilst good progress had been made towards the completion of six other centres. It is planned to have one of these special health centres in each district, with the exception of Karamoja, by the end of 1961.

279. The staff of each health centre is the same; it consists of a medical assistant, an assistant health visitor, a midwife, subordinate nursing staff and one or more hygiene orderlies. In some cases the health inspector for the country has his office in the same building, but the medical assistant is in overall charge of the work of the centre.

280. The functions of the health centre are also clearly defined. In addition to providing an integrated curative, preventive and health teaching service in the centre itself, the staff are in close contact with the homes of

the people in a "defined area" outside. In the early stages the area extends not more than an average two miles from the centre and includes some 100 to 200 homesteads.

281. A map of the defined area is maintained showing the location of all houses and other buildings, together with roads, paths, water supplies and other items of interest. Full particulars of the families living in the area are recorded in registers.

282. Visits are paid by the medical staff to the people in their homes and the principles of personal hygiene (with special emphasis on the care of children) are demonstrated. When it appears necessary for structural work to be carried out to improve the houses, compounds or water supplies, the assistance of a hygiene orderly or a health inspector is provided. Though it is not possible to respond to requests that a sick patient should be attended in his home, individual patients who have already been treated at the clinic may be the subject of follow-up domiciliary visits. Not only are the homes visited by specific members of the health centre staff, but they may also be visited by a special team from the centre, in connection with planned health projects or investigations of local problems such as an outbreak of infectious disease. When motor transport is available, such teams' visits may extend beyond the defined area proper.

283. During the current phase of assistance, U.N.I.C.E.F. provided equipment, visual aids, bicycles, sewing machines and drug and diet supplements for health centres.

284. A comprehensive list of all rural dispensaries and health centres is given in Volume II of this report.

C. AMBULANCES AND TRANSPORT

285. The transport and ambulance section of the Department has had another satisfactory year. The average number of days that each vehicle remained on the road was 340, corresponding with the standard maintained in 1957. This is despite the fact that the average age of vehicles has increased slightly during 1958.

286. In purchasing new vehicles the policy of increased standardisation was continued, the Department concentrating on Bedford ambulances. This facilitated maintenance by reducing the diversity of spare parts which have to be carried and by enabling the training of mechanics to be concentrated on one particular make of vehicle. The latter has had its effect on the time taken to repair vehicles, with the result that only in two or three instances during the year was it necessary to issue a relief vehicle to a station in place of the one under repair.

287. As during 1957, there was a low turnover of drivers. Two were dismissed, one resigned and one died. A total of eight were engaged to bring the establishment up to full strength, the authorised establishment for 1958 being one more than for 1957.

288. The accident rate remained extremely low. With a fleet of 68 ambulances there were only nine accidents, none of which was attributable to a departmental driver. This is a very creditable achievement by the team of drivers, especially when it is appreciated that each vehicle averages 14,400 miles in a year.

289. The Medical Department garage carried out 13 major overhauls and 27 major spray painting jobs during the year. The breakdown gang was despatched to 36 breakdowns on the road which occurred at distances of between three and 300 miles from Entebbe. Nevertheless, in all cases the vehicle was repaired within a few hours.

290. Amongst the vehicles taken on charge by the Transport Division was the first Mobile X-ray Clinic in East Africa, complete in every essential detail. This will be used for survey work of all types.

291. U.N.I.C.E.F. provided a personnel carrier for the Mbale School of Hygiene for the transport of students to special demonstrations in the area, a Land-Rover for leprosy work in Kabale and three vehicles in connection with maternity and child welfare clinics, particularly for work in those districts with established health centres.

292. During the year a number of African local governments increased their own ambulance fleets. The poorer districts where finance did not allow for this type of expansion were able to run only a very limited number of vehicles (which frequently were in poor repair) and this threw a severe strain on the Protectorate ambulances at the local district hospitals. As part of a normal development plan, the Buganda Government took over most of the rural ambulance services in Mengo, Masaka and Mubende districts, although at the end of the year rural areas around Entebbe were still served by the Protectorate ambulance based on Entebbe Hospital. It is hoped that such an arrangement will not continue very much longer.

TABLE XII

	1954	1955	1956	1957	1958
New vehicles obtained	14	9	15	15	14
Old vehicles written off	9	3	6	3	7
Average age of vehicles in years ..	2	3	2	2	2·50
Number of ambulances at the end of the year	5	6	9	16	21
Number of cars, trucks and vans at the end of the year	32	37	36	37	36
Number of mobile X-ray units at the end of the year	—	—	—	—	1
Number of motor cycles at the end of the year	—	—	2	4	4
Number of tractors at the end of the year	—	—	1	1	1
Number of trailers at the end of the year ..	—	—	1	3	5
Total number of vehicles at the end of the year	37	43	49	61	68

D. SPECIALIST AND CONSULTANT SERVICES

293. All specialist and consultant services are established at Kampala in association with Nakasero, Mulago and Mulago Mental hospitals. In this section the activities of the various specialist services are described under the appropriate headings.

Medicine

294. During 1958 the specialist services in medicine as in past years, were grouped in one medical division based on Mulago Hospital but providing consultant services to the other hospitals not only in Kampala but in the Protectorate generally. The head of the division continued to be the Professor of Medicine, Makerere College, assisted by the two medical specialists in Government service. Also attached to the medical division (until November) was an Honorary Consulting Physician specialising in children, and a senior medical officer. There were also three senior registrars, two attached to the Makerere staff and one, specialising in children's diseases, on secondment from the Hospital for Sick Children, Great Ormond Street, London. Before the end of the year two registrars were appointed to the division under the new training scheme for medical practitioners desiring to take post-graduate specialist qualifications (described under Chapter VI—Training); one of these took up his appointment before the end of the year. A varying number of medical officers and house physicians made up the rest of the medically qualified staff of the division.

295. The arrangement whereby the division is broken down into three general medical firms continued during the year, one under each specialist; each firm had its own allocation of 30 to 40 beds and was responsible for one out-patient session of referred cases each week.

296. Apart from the three general medical firms there was, as before, a tuberculosis unit with about 64 male beds and roughly 36 female beds. Males were cared for by one Government specialist and females by the other.

297. A twice-weekly out-patient clinic for male cases of tuberculosis and a once-weekly out-patient clinic for females continued to function throughout the year.

298. Also part of the general Medical Division, the children's unit continued under the care of the senior registrar seconded from Great Ormond Street, with the advice and assistance of the Honorary Consulting Physician already mentioned.

299. Finally, a male venereal disease clinic, a diabetic clinic and a clinic for the treatment of hypertension all continued to function successfully throughout the year.

300. As in the past, the Medical Division had to cope with a shortage of accommodation for the vast numbers of patients requiring admission and treatment; it is, therefore, satisfactory to be able to record one small

improvement, in that the pulmonary tuberculosis "holding ward" (reserved for cases sent down from up-country hospitals for examination) grew less congested during the year as more up-country stations carried out their own radiography, following the installation of more district X-ray plants.

301. Some idea of the activity of the Medical Division can be gleaned from the fact that no less than twenty-five different items of research work were under way or about to start during the year 1958. Space does not allow for a description of all these, but they included a protracted and detailed investigation into the treatment of pulmonary tuberculosis by combinations of various drugs (under the auspices of the Tuberculosis Research Unit of the Medical Research Council), an investigation into the treatment of purulent meningitis (now completed), an examination of the problems arising in hypertension and renal disease, studies of *diabetes mellitus,* and investigations into kwashiorkor (undertaken in the Children's Unit in association with the Infantile Malnutrition Research Unit).

302. The specialists and registrars attached to the unit were able to visit district hospitals and leprosaria in the vicinity of Kampala at regular intervals throughout the year.

Surgery

303. In this specialty the same pattern was maintained as in medicine; that is to say the surgical specialists and consultants were all members of one large Surgical Division, which continued to work on the same lines as in former years. The division was led by the Professor of Surgery, Makerere College, assisted by two Government specialist surgeons. In addition there were two surgical first assistants (members of Makerere College staff) and an average of three senior residents and three junior residents. Attached to the division were two specialist anaesthetists and one or more medical officers trained in the administration of anaesthetics, and working in close association with the division were the ophthalmic and ear, nose and throat specialists. The activities of these specialists are described later.

304. In the middle of November, 1958, the Professor of Surgery resigned to take up his appointment as Minister of Health, so that for the last six weeks of the year the Senior Surgical Specialist in the Medical Department served as the acting head of the Department of Surgery at Makerere College Medical School.

305. From the months of March to August, inclusive, the division was without one of its surgeons owing to the absence on vacation leave first of one of the surgical specialists and then of the Professor of Surgery.

306. As in the past, there were three major surgical units or firms within the division, one being led by the Professor of Surgery and each of the others by a Government surgical specialist. Each unit had a 55-bedded male ward to itself and all three shared the facilities of the 54-bedded female ward, together with 10 beds in the children's ward.

307. The division was busier than ever during the year, 8,051 operations (excluding eye operations) being performed in 1958 compared with 7,199 performed in 1957.

308. The increasing number of traffic accidents has resulted in an appreciable rise in the number of patients admitted to hospital with fractures. Fortunately, simple fractures of the bones of the upper extremities, the leg, the pelvis, and uncomplicated compression fractures of the vertebrae, can be treated by plaster immobilisation leading to discharge from hospital after a relatively short stay. Unfortunately, however, fractures of the femur can only be treated in hospital, as the methods used for immobilisation make home nursing impossible. It is, therefore, satisfactory to be able to record that in recent years use of the intra-medullary nail has revolutionised the treatment of fractured femurs and cut down the average length of time the patient has to remain in hospital to half. The following figures illustrate the point:—

	No. of fractures of femur	Days in hospital	Average
1952	44	4,394	100
1958	74	3,883	52

309. Certain diseases are becoming rarer probably owing to improved standards of living. Thus, in 1952, 111 patients with tropical ulcers required admission to the wards for treatment, whereas in 1958 only 58 patients were admitted for the same reason. It should be mentioned perhaps that this improvement cannot be ascribed entirely to a raising of living standards; there is no doubt that the treatment of early tropical ulcers with penicillin is promoting healing without the necessity for operative measures.

310. Turning again to 1952, 148 patients with extensive burns were admitted for treatment, whereas in 1958 the number of cases had fallen to 97. It is thought that this decrease too has resulted from improved living standards, such as better housing.

311. These turns for the better are, unfortunately, offset by a lack of progress in other directions, the treatment of urethral strictures being one example. In this condition the treatment necessitates regular attendance at hospital over many years; any defection means the development of serious complications requiring prolonged treatment as an in-patient. It is not unusual to have a quarter of all available male surgical beds in Mulago Hospital occupied by patients requiring operations for impassable urethral strictures. In 1952, 237 patients of this type occupied hospital beds for a total of 6,334 bed-days. In 1958, 219 similar patients took up 6,363 bed-days. To meet this pressing problem, three special out-patient clinics a week were maintained during 1958 to deal with the routine treatment of established strictures, and great efforts were made to stress the necessity for regular attendance. It is hoped that these special measures will in the end reduce the excessive demand on hospital beds.

312. A start has been made, in association with the Medical Division, on the surgical treatment of pulmonary tuberculosis. Improvement in medical treatment of this disease has led to a number of patients developing sufficiently localised lesions to enable them to benefit from collapse therapy. In 1958, following consultations with the Medical Division, it was agreed that thoracoplasty should be adopted as the standard method of surgical treatment for large pulmonary cavities and, as a start, one operation a week was arranged.

313. The division's activities in research continued during 1958. The trial of intra-arterial nitrogen mustard for peripheral Kaposi lesions referred to in the Annual Report for 1957 progressed and some satisfactory early results have been reported. The surgical treatment of paralysis and deformities in leprosy continued and a new investigation into infections of bone was begun.

314. Visits to district hospitals within easy reach of Kampala were made regularly and in addition members of the division toured the Western and Northern provinces.

Obstetrics and Gynaecology

315. As with the divisions of medicine and surgery, Mulago Hospital maintains a Department of Obstetrics and Gynaecology made up of a combination of Makerere and Government specialist staff. At the head of the department is the Professor of Obstetrics and Gynaecology of Makerere and assisting the Professor is the Government specialist with, in addition, a first assistant and a lecturer from Makerere. The remainder of the qualified staff of the department consists of a number of junior medical officers.

316. This department is always hard pressed. It was, therefore, with some relief that the newly appointed Lecturer was greeted on her arrival in July. The professional and teaching duties of the unit continued to be hampered by overcrowding in the clinics and the maternity wards, which reached a still higher level in 1958.

317. The total number of deliveries totalled 3,434, 287 more than the figure of 3,147 for the previous year. Patients normally delivered and patients having had uncomplicated operative procedures were discharged as early as possible; despite this the necessity for floor cases added considerably to the difficulties of maintaining a proper standard.

318. In the gynaecological wards also the problem of overcrowding was serious, with a further increase in the number of patients admitted and a slight rise in the number of operations performed. Admissions for 1958 totalled 1,179 and operations 1,269, against 1,090 and 1,225 respectively for 1957.

319. Plans to ease the congestion in the maternity wards at Mulago were under active consideration at the end of the year.

Oto-Rhino-Laryngology

320. The year 1958 was the first full year during which the ear, nose and throat departments at Mulago and Nakasero hospitals were in the charge of an ear, nose and throat specialist.

321. Over 1,000 new patients were seen at Mulago and the analysis of these cases showed some interesting results. The largest single cause of attendance at hospital was chronic suppurative otitis media, of which no less than 160 cases were seen. When it became clear that the frequency with which this condition was seen at Mulago was indicative of a correspondingly high rate of attendance at dispensaries, a suitable scheme for improved treatment in dispensaries and similar institutions was arranged by the ear, nose and throat specialist and special measures taken to provide the necessary equipment and distribute simple instructions. The ear, nose and throat specialist was able to make a number of safaris to district hospitals and dispensaries in the Western and Eastern provinces and in Buganda to demonstrate his technique.

322. From an analysis of cases seen during 1958, the ear, nose and throat specialist has drawn the conclusion that septic tonsils appear less frequently amongst African in Uganda than amongst Europeans in Africa or England. For no reason which became apparent, however, the condition is found more often in Kigezi than in other parts of the Protectorate.

323. Severe deafness was seen in 60 of the out-patients attending Mulago Hospital, 20 of these being stone deaf. The rehabilitation of deafness is, of course, more an educational problem than a medical one and at present the requisite facilities are not available in Uganda. It is hoped that they will be developed soon.

Ophthalmology

324. The Ophthalmic Department was without the services of the Specialist Ophthalmologist for five months whilst he was on vacation leave. The work of the department was maintained by a Medical Officer experienced in eye diseases at present studying for a diploma in this specialty.

325. The training of medical students continued, but the amount of time available for teaching nursing and auxiliary staff was of necessity reduced.

326. The Ophthalmic Specialist has recorded that though eye disease is widespread throughout the territory it frequently goes unrecognised by the staff of dispensaries and out-patient departments because the number of persons trained in the diagnosis and treatment of eye conditions is as yet small. Much work remains to be done before the wide variety of diseases of the eye to be found in Uganda can be classified.

327. For the time being it may be said that trachoma is less significant than was originally thought, except in very dry and dusty areas; in places with adequate rainfall and plentiful vegetation (for example Kigezi) it is

virtually unknown. On the other hand the aetiology of primary optic atrophy presents a real problem and was the subject of investigation by the Specialist Ophthalmologist during 1958. This study is continuing.

328. During the seven months of the year in which he was in the Protectorate the Specialist Ophthalmologist travelled as widely as possible and, as in the past, took the opportunity of teaching medical assistants and nursing orderlies in charge of dispensaries the essentials of diagnosis and treatment in diseases of the eye.

329. At Mulago Hospital the total number of new cases seen was slightly higher in 1958 than in the previous year, the relevant figures being approximately 14,350 compared with 14,000. On the other hand, the total number of operations performed fell from roughly 1,000 in 1957 to about 950 in 1958.

Radiology

330. The Radiological Section continued in charge of the Specialist Radiologist throughout the year. Twenty-eight visits of inspection were made to up-country hospitals and advice was given on the installation of new units.

331. Radiological services in districts were further extended during 1958 when Mbarara, Kabale and Fort Portal hospitals received X-ray sets.

332. The following are the numbers of X-rays taken in up-country units during 1958:—

	Jinja	Masaka	Mbale	Mbarara	Fort Portal	Total
Chest and heart . .	1,208	1,534	1,368	680	263	5,053
Skull	76	98	47	4	—	225
Spine . .	75	24	69	11	1	180
Pelvis . .	89	106	115	53	—	363
Abdomen . .	41	61	54	7	—	163
Limbs . .	903	509	1,082	85	74	2,653
Special . .	17	50	1	1	—	69
Total . .	2,409	2,382	2,736	841	338	8,706

X-Ray Units, Kampala

333. The present establishment of qualified radiographers is eight, seven posts being filled.

334. In April a new gastro-intestinal examination couch was fitted at Mulago and during the latter part of the year a new dark-room processing unit was installed at Nakasero Hospital.

335. Throughout 1958 apparatus was regularly maintained by a local firm, although in the earlier part of the year this proved unsatisfactory and

a new engineer was procured who is scheduled for further training. A promise has been made that during his absence on his training course a competent engineer will be posted to Uganda.

336. Delay in delivery of apparatus from the manufacturers in England was the cause of some concern. This was brought to the attention of the Managing Director on a visit in December, and it is anticipated that delays will be reduced.

337. The supply of films direct from the makers is very satisfactory, but films purchased through the Crown Agents arrive very irregularly.

338. At the Mulago X-ray Unit, 13,067 examinations were performed on 12,414 patients compared with 11,841 examinations on 11,407 patients in 1957. This shows that after a temporary halt in 1957 in the number of African examinations the steady rise over the last five years has started again. At Nakasero Hospital, 3,773 examinations were performed on 3,432 patients, comparable figures for 1957 being 3,773 examinations on 3,432 patients.

339. The number of examinations on patients referred from up-country hospitals, despite the provision of additional up-country X-ray units, has only fallen by 300 from 1,109 in 1957, and is still eight times greater than the figure for 1952.

340. During the year a small portable X-ray machine has been installed at Nsambya Hospital and two sisters from this hospital were given a week's intensive training in the Mulago Unit. This does not seem to have led to any significant drop in the number of patients referred from Nsambya.

341. An investigation was commenced on the age distribution of patients attending the X-ray Unit. This will continue into 1959.

Anaesthesia

342. There were two specialist anaesthetists in the department during 1958. The second arrived in the territory on first appointment in July. Both were stationed in Kampala, the greater part of their work being conducted at Mulago Hospital. They had the assistance of two medical officers trained in anaesthesia.

343. The specialist anaesthetists were responsible for the training in anaesthesia of selected medical assistants. These medical assistants are responsible for the greater part of the anaesthesia carried out in the hospitals where they are stationed, and it is hoped to train an increasing number as opportunity permits. So far seven such medical assistants have been posted to district hospitals. There were also four of the same grade working in the operating theatre at Mulago Hospital who played an important part in the training of their fellows.

344. An indication of the amount of work carried out by the specialist anaesthetists and their assistants may be gleaned from the fact that at Mulago Hospital alone approximately 5,000 general anaesthetics were given during 1958, together with a similar number of local anaesthetics.

Psychiatry

345. Up to the beginning of August, the staff specialising in the treatment of psychiatric illness consisted of a Specialist Alienist assisted by a Medical Officer at present studying for his diploma in psychiatric medicine who hopes to pass his final examination on his next visit to the United Kingdom. The Specialist Alienist retired at the beginning of August and the remainder of the year was spent in a strenuous but unsuccessful effort to obtain a replacement. In the hope of attracting recruits to this specialty, the title of Specialist Alienist was changed to Specialist Psychiatrist. It was felt that the former title did not adequately convey the true nature of the post, the word "Alienist" implying an exclusive concentration on the insane, whereas in fact the specialist now spends much of his time in treating numbers of mentally sick individuals who would never be considered for certification under the Mental Diseases Ordinance.

346. Following the departure of the former Specialist Alienist the Medical Officer already mentioned was appointed Acting Specialist Psychiatrist and Acting Medical Superintendent of the Mental Hospitals.

347. The Psychiatrist was responsible for the treatment of one European in-patient, fourteen Asian in-patients and 856 African in-patients during 1958. It is naturally the African patients which give rise to most concern, as they constitute the majority and their numbers are continuing to rise. During the year under review, 708 patients were admitted, 605 were discharged and 53 died, leaving a total of 650 in-patients at the end of the year. By comparison, in 1957, although 856 African patients were admitted, 731 were discharged and 73 died, leaving a total of 610 at the end of the year. It will thus be seen that by December 31st, 1958, the hospitals ended with 40 more patients than in the previous year.

348. It must not be thought that this figure of 40 patients is likely to be temporary and that an improvement in the situation may ultimately be expected on the grounds that only 708 patients were admitted in 1958 compared with 856 in 1957. This fall is entirely due to the fact that up-country hospitals are now retaining a larger number of patients for treatment under sedatives than they have done in years past. Though this does not mean that a small number of cases which would hitherto have reached the mental hospitals stay up-country long enough to be discharged cured, it also means that the patients who do gain admission to Mulago Mental Hospital or Butabika are likely to be more seriously ill and require longer periods of treatment. Moreover, the capacity for up-country hospitals to assist the central mental institutions in this way has virtually reached saturation point.

349. One regrettable aspect of the rise in the number of patients retained at the mental hospitals is the disproportionate increase during 1958 in the number of criminal lunatics. In 1957 there was an increase in criminal lunatics from 85 to 94, representing a rise of just over 10 per cent, compared with a rise in the total number of all in-patients (including

criminals) of just under 10 per cent. In 1958, however, whilst the total number of all cases rose by about 6·5 per cent the number of criminal lunatics rose by almost 13 per cent, that is to say from 94 to 106.

350. It is unfortunate that although a satisfactory proportion of criminal lunatics respond to treatment, their transfer from hospital to prison under the Criminal Procedure Code must of necessity be delayed until a sufficient time has passed to make it reasonably certain that there is no likelihood of relapse.

351. The chief form of treatment in the mental hospitals, as in previous years, has been electro-convulsive-therapy. This is by far the most economical method in regular use and in suitable cases gives most dramatic and far-reaching results. Chlorpromazine has been used to a much greater extent in the past year than in former years. The increased use of this drug has been part of an all-round improvement in standards of therapy made possible by an increase in the available number of trained staff, which in 1957 was gravely below strength but by the end of 1958 had considerably improved.

352. During the year the mental hospitals have tested a number of tranquillizing and sedative drugs supplied free by the manufacturers, and in controlled trials these have compared very favourably with the older drugs in common use. It is clear that in the future there will have to be an even greater use of these drugs in the face of continued strain on accommodation.

353. The past year has seen an increase in the number of cases attending the Psychiatric Out-patient Clinic. This clinic provides for cases referred from Mulago and other hospitals, from general practitioners in Kampala and elsewhere and, in addition, for those seeking psychiatric treatment on their own initiative or that of their relations. Out-patient psycho-therapy and follow-up of recently discharged patients has proved of great value in keeping down the number of readmissions.

E. OTHER SPECIAL SERVICES

Dentistry

354. At the end of the year 1958 there were six Government Dental Surgeons in the country. They were stationed at Nakasero, Mulago, Entebbe and Jinja hospitals. One of the dental surgeons at Nakasero was awaiting the completion of the new Dental Unit under construction at Masaka, when he will be posted to that station.

355. Private dental practitioners working either on a sessional or repayment basis assisted considerably with the maintenance of dental services in up-country districts. By so doing they enabled the Protectorate Government staff to be concentrated in areas where the demand for dental work was at its highest.

356. Discussion continued during the year concerning the possibility of training subordinate staff locally, and the Dental Surgeon, Mulago, visited the Dar es Salaam Dental Training School in order to study the methods used and to assess their suitability for application in Uganda. However, after careful consideration it was decided to postpone further action on this proposal for the present, in view of the current financial situation.

357. Figures for cases treated in all dental units are given in Volume II of this report.

Pharmacy

358. Supplies of goods from the United Kingdom arrived steadily during the year, there being no major delays and consequently no acute shortages of any particular item. Very large indents were placed on the Crown Agents at the beginning of the financial year (July) and these goods began to arrive late in December—the largest consignment arriving just in time to cause total congestion of Entebbe Pier over the Christmas holiday! There were very few variations in the cost of hospital and surgical equipment and drugs during the year. There is reason to believe that prices have at last reached a stable level.

359. The administration of the Medical Store progressed smoothly throughout the year, despite the resignation of one storekeeper in May, who was not replaced by the end of the year. Replacement of the storekeeper in question was impeded by the fact that an individual selected by the Public Service Commission from local applicants declined the offer of appointment.

360. Losses from the Medical Store remained low, the total value of stores missing amounting to only Shs. 1,700. As in former years "spot checks" were carried out at regular intervals by the pharmacists and storekeepers and a 100 per cent check of the entire store was carried out twice during the year under review.

361. In the manufacturing section of the store there were a number of serious setbacks in the preparation of sterile fluids owing to a series of breakdowns in the electrode boiler; because of pressure of work the Public Works Department proved unable to effect immediate repairs and the boiler was out of use for several periods of one week and one period of three weeks. Eventually, by September, the boiler was working well, and no more trouble was experienced until it was dismantled for the compulsory annual inspection. This, unfortunately, caused a further interruption of three weeks. These difficulties made it impossible to build up a stock of sterile fluids and from time to time it was only possible to fill orders from hospitals by the staff working overtime. At the end of this section, there appears a table showing quantities of some of the more important preparations made in the manufacturing section of Medical Stores over the last three years.

362. The construction of a special store within the main Medical Store compound designed to house U.N.I.C.E.F. goods was referred to in last years' annual report. The volume of U.N.I.C.E.F. stores to arrive during the year increased steadily. Milk and soap were delivered in considerable quantities and later there were several consignments of equipment for maternity and teaching units. In May an assistant store-keeper was appointed with the especial task of supervising U.N.I.C.E.F. stores.

363. The improvements in the way of re-wiring of electrical installations, cementing of earth floors and the installation of proper drainage all begun during 1957 were completed early in the year and have considerably facilitated the smooth working of the store. In October a start was made on extensions to the Pharmacy Laboratory, and by the end of the year the walls were up to roof level.

364. The Medical Store Advisory Committee met six times during the year. Numerous recommendations were made, most of which were accepted. Amongst those accepted were:—

(*a*) a revised standard surgical equipment list;

(*b*) revised M.F. 74 and M.F. 75, in-patient and out-patient returns.

(*c*) the addition of a number of new drugs to the standard drug list;

(*d*) a proposal by the Specialist Anaesthetist to arrange for servicing of anaesthetic machines within the Department, leading to the termination of the servicing agreement formerly held with a commercial concern.

365. The Pharmacy and Poisons Board met four times during the year. The Poisons List and Poisons Rules (1958) drawn up under the Pharmacy and Poisons Ordinance, 1957, were published in October, the Ordinance and the Rules being brought into simultaneous effect in that month. The Ordinance led to the formation of a new Pharmacy and Poisons Board to whom an African was appointed for the first time. He is a private medical practitioner. One prosecution against a pharmacy was obtained, for dispensing a drug without the supervision of a pharmacist and failing to record the transaction in the prescriptions book. A Drug Inspector was appointed in the middle of the year and arrived in Kampala in December to begin work.

366. Safaris by the Chief Pharmacist or his representative included visits to all stations in the Northern, Western and Eastern provinces.

TABLE XIII

Preparation	Unit	1956	1957	1958
INJECTION :				
Bismuth oxide	*Litres* ..	63	71	16
Glucose	*Litres* ..	1,629	2,779	2,681
Hydnocarpus oil	*Litres* ..	Nil	Nil	Nil
Quinine	*Litres* ..	244	165	68
Normal saline	*Litres* ..	1,459	3,164	2,995
GALENICALS :				
Liniment..	*Litres* ..	1,980	2,790	5,418
Ointment	*Kilos* ..	7,155	4,294	7,230
INSECTICIDES :				
Benzyl benzoate emulsion ..	*Litres* ..	777	1,224	2,200
B.H.C. spray	*Litres* ..	2,178	1,980	3,960
D.D.T. spray	*Litres* ..	6,732	4,552	7,920
Pyrethrum spray	*Litres* ..	1,584	396	1,782

Tuberculosis

367. The Department retains the full-time services of a Medical Officer (Tuberculosis) whose duties are to advise the Director of Medical Services and officers in the field on the treatment and prevention of tuberculosis, the design and construction of special units for the treatment of the disease, and the organisation of tuberculosis clinics and follow-up schemes. This officer is also the secretary of the Tuberculosis Advisory Committee.

Blood Transfusion

368. This service continued to develop during the year with increasing demands for blood, chiefly from Mulago Hospital. Outside Kampala there was considerable extension of the service, especially at Jinja, Mbale and Gulu. In Jinja the service has reached a more advanced state of development than in other hospitals outside Kampala, Jinja being the first district hospital to have set up a blood-bank.

369. The organisation of the Blood Transfusion Service was under constant review during the year, though the general rule maintained throughout was that the Red Cross Society had the duty of recruiting donors and bringing them to the collecting centre, whilst the Medical Department was responsible for testing, taking and storing the blood. Although this system was not fully organised by the end of 1958 it served as a satisfactory working basis. In Kampala the Red Cross Society employed a full-time paid organiser to enlist donors. The chief difficulty, as always, was in having available (often at short notice) a doctor available to draw off the blood. It has not been possible to date to allocate a medical officer full-time for this purpose, and the officer engaged on the work during the past year sometimes found his other duties presented a more pressing claim on his time. It is hoped to solve this problem as the Department and the Blood Transfusion Service develop.

F. MISSION MEDICAL SERVICES

370. The Grant-in-Aid Rules by which financial assistance is given to Mission Medical Units continued to operate during the year under review, and the following grants were made to mission hospitals for the financial year 1957/58.

	£		£
Nsambya ...	12,526	Nkozi ...	227
Kisubi ...	972	Kamuli ...	1,258
Rubaga ...	1,476	Mengo ...	12,143
Kalongo ...	1,161	Ngora (Freda Carr) ...	2,749
Kitovu ...	900	Kuluva ...	1,308
Virika ...	1,888	Ankole ...	1,086

371. During the year an Advisory Committee on Voluntary Medical Services was appointed by the Minister to advise on the allocation of grants to mission and other voluntary organisations. The system of calculating grants continued to be related to the number of trained staff at the receiving institution, appropriate limits being placed on the numbers of each category of staff for which a grant was payable. Grants were usually for recurrent expenditure, but a number of capital grants were also made.

372. A total of 16 hospitals staffed by qualified medical practitioners were administered by mission authorities of various denominations during 1958. In addition, the missions were responsible for 57 dispensaries and maternity units. Most of the dispensaries had beds either for general cases or maternity cases or both, the largest having a total of 78 general and 60 maternity beds.

373. At the end of 1958 mission hospitals receiving a grant from Government submitted, for the first time, annual in-patient and out-patient returns identical with those provided by Government hospitals. Henceforth it will be possible to make direct comparisons between the work of mission and Government institutions. Returns for the relevant mission hospitals will appear in Volume VII of this report.

374. In addition to the Protectorate Government a number of African local governments also made grants-in-aid to mission institutions, though details of these grants are not given here. They may be found in the reports of the appropriate authorities.

375. Liaison between Government and missions was conducted, as in past years, by the two mission bureaux, namely the Protestant Medical Bureau and the Roman Catholic Medical Bureau. These two organisations contributed in an ever-increasing degree to the efficient and cordial relationships between individual mission hospitals and Government.

376. As in former years, mission units were responsible for much excellent work in the care of leprosy patients. Of particular note are the leprosaria at Kumi (C.M.S.) and Buluba (R.C.).

377. A comprehensive list of all hospitals, dispensaries and maternity units run by mission authorities is given in Volume II of this report.

G. INDEPENDENT MEDICAL AND NURSING UNITS

378. Medical and nursing units other than those administered by the Protectorate or Buganda governments and mission authorities fall into three categories:—

1. Military Hospitals
2. Company Hospitals
3. Private Nursing Homes.

Military Hospitals

379. There is one military hospital in Uganda situated at Jinja. It is in charge of an officer of the R.A.M.C., and has 23 general beds. It is primarily intended for askaris, but there is also provision for their wives and families including six maternity beds. There are also six isolation beds, making a total bed strength of 35. The Protectorate Government assists with stores and equipment.

Company Hospitals

380. These hospitals have been established in conformity with the Uganda Employment Ordinance which lays down that where over 1,000 employees are maintained in one place the employer may himself be required to provide a hospital if no alternative institution is available. In addition the Ordinance states that where employees in one place exceed 2,000 a registered or licensed medical practitioner shall be engaged.

381. Three hospitals, belonging to the following companies, were functioning during the year.

1. Muljibhai Madhvani and Co. Ltd.,
2. The Lugazi Sugar Works; and
3. The Kilembe Mines Ltd.

These hospitals between them provided a total of 300 beds for employed labour.

Nursing Homes

382. The year 1958 saw an increase in the number of applications for permission to open nursing homes. The control provided by the Public Health Ordinance is laid down on a very broad basis and it is possible that more detailed legislation may be required soon to regulate the design, construction and staffing of these establishments. Five major nursing homes were functioning during the year under review, two at Jinja, two at Kampala and one at Masaka. In addition one of the Asian communities ran a dispensary in Kampala.

383. Apart from applications to open general nursing homes during the past year, there were a number of applications from African trained midwives who wished to open small maternity homes. This tendency has

been particularly pronounced in Mengo and Masaka districts. Such a development is to be encouraged, as it relieves the strain on the maternity departments of established hospitals; at the same time, great care has to be taken that the standards provided at these maternity homes are in keeping with public health requirements. The problem thus presented is not a simple one, as the applicants are seldom wealthy.

V.—AUXILIARY SERVICES

A. THE LABORATORY SERVICE

The Central Laboratory, Kampala

384. During 1958 the close co-operation between the Government Central Laboratory and the Department of Pathology of Makerere College Medical School continued. The professor and his staff were particularly helpful in the preparation and examination of tissue specimens for Mulago Hospital and in the performance of autopsies at that institution. Meanwhile, the Senior Pathologist gave lecture-demonstrations in forensic medicine to the second-year medical students and another Government pathologist gave a course of lectures in haematology.

385. As in past years, the attempt was made to give medical students adequate practical experience in forensic autopsies. At present, however, this scheme is hampered by the distance separating the municipal mortuary from the Medical School. Plans are in hand for establishing a new municipal mortuary on a site closer to both Makerere College Medical School and the Central Laboratory; it is, however, too early yet to set a date for the anticipated completion of this project.

386. During the year under review the difficulties encountered in providing individual medical students with adequate practical experience have increased as the number of students has risen. Nineteen medical students were being taught pathology in 1958, compared with roughly half that number in past years. The appointment of a Clinical Pathologist, due shortly, may well do much to meet this difficulty.

387. In anticipation of the arrival of the Clinical Pathologist, a clinical laboratory was developed during 1958 in six rooms belonging to Makerere College Medical School.

388. In 1958 the Central Laboratory had the full-time services of two pathologists and for most of the year the services of three laboratory technicians. A greater part of the time of one technician was taken up with routine tests in connection with the Blood Transfusion Service. An additional technician is being recruited, who will be posted full-time to the Blood Transfusion Service and will work independently of the laboratory.

389. A small subsidiary laboratory established in Nakasero Hospital was maintained during the year. This saved much unnecessary transport of specimens to the central institution.

390. Medico-legal autopsies and court attendances continued to take up practically the whole time of one pathologist, despite the fact that in 1958 there was a slight fall in the number of cases involving expert witnesses.

391. The Central Laboratory continued to function as the training centre for laboratory assistants. A note on this appears under the section of this report devoted to training. During 1958 there were 52 laboratory assistants in the service. Fifteen of these were selected to take the promotion examination in June and seven passed. Five were graded Senior Laboratory Assistants and two were promoted from Grade II to Grade I Laboratory Assistant.

392. It continues to be a matter for regret that the permission of relatives is frequently withheld when hospital staff request authority to conduct a post-mortem examination on a patient dying in hospital. Despite this, however, just over 50 per cent of the patients dying in Mulago Hospital were brought to autopsy in 1958. Of these, 10 per cent were found to have died from pneumonia (all forms) and slightly under 10 per cent were confirmed as having died from tuberculosis of all types. Diseases of the heart and malignant tumours each account for just less than 8 per cent of cases. Nephritis was found to be the cause of death in over 3 per cent of cases, and typhoid fever with its complications was diagnosed as the cause of mortality in just under 3 per cent of the group. Most noteworthy of all the figures reported is the fact that injuries of one sort or another led to the death of easily the largest number of persons reaching post-mortem from Mulago, accounting for over 16 per cent of the total.

393. Medico-legal autopsies made at the request of the police totalled 524, of whom most were on males. This was almost exactly the same number as last year. It was found that just over 20 per cent of cases were found to have died from natural causes and an almost identical percentage died from homicidal injuries. The largest group of all died from injuries accidentally acquired, giving rise to just over 32 per cent of all medico-legal autopsies.

394. In histopathology there was a fall in the total number of biopsy specimens requiring examination, just over 1,000 being examined in 1958 compared with about 1,200 the previous year. Similarly, there was a fall in the number of blocks prepared for microscopy, approximately 1,300 being manufactured in 1958 compared with just over 1,500 in 1957. Despite this trend there was a significant rise in the number of specimens submitted from district hospitals, over 600 being received in the year under review, compared with 450 last year.

395. In the Bacteriological Section of the laboratory a small-scale trial has been initiated in which bacilli from tuberculous patients are cultivated as soon as possible after the disease is diagnosed, following which antibiotic sensitivity reactions are carried out on the cultures. So far it has only been possible to work on sputa from new cases under treatment at Masaka Hospital, together with a number of specimens collected from follow-up cases in Kampala. It is hoped, however, to extend this scheme to new cases from Mbarara and Jinja hospitals in the near future, and ultimately to all tuberculosis clinics.

396. Trypanosomiasis was diagnosed in 12 patients in Mulago Hospital during 1958. The causative organism in each case was *T. rhodesiensi.* The diagnosis in all cases was subsequently confirmed by animal inoculation. This figure of twelve should be compared with five similar cases diagnosed last year.

397. Leishmania were found in splenic smears from two patients, both specimens having been sent from Moroto Hospital in the Northern Province. This compares with five cases diagnosed in this way, from the same hospital, in 1957. Bone marrow smears taken in the same area of the Northern Province as part of a wider investigation into the incidence of this disease all proved negative.

District Laboratories

398. At almost all hospitals in the Protectorate a simple laboratory is maintained where blood slides, stool specimens, genital smears and sputa can be examined. At larger hospitals the facilities provided extend beyond these simple examinations and include most or all of the following:—

the preparation of blood cultures, the performance of agglutination tests, the examination of cerebro-spinal fluid and the preparation of blood films and gland smears for trypanosomiasis.

399. The larger laboratories are to be found at Jinja, Mbale, Arua, Gulu, Fort Portal, Mbarara and Masaka. The smaller laboratories are situated at Kampala Dispensary, Bombo, Mityana, Entebbe, Kabale, Masindi, Lira, Moyo, Moroto, Soroti, Namasagali and Tororo.

400. The total number of examinations conducted in 1958 by district laboratories came to nearly 252,000, an increase of about 33 per cent on the corresponding examinations made in 1957. The examination of blood films for parasites is by far the most popular service provided by these laboratories except in the case of Fort Portal, Gulu and Moyo, where blood slides are required less frequently than stool examinations.

401. With the increasing concentration on treatment of tuberculosis, district laboratories have been called upon to carry out a growing number of examinations of sputa for tuberculosis. This additional work may prove

to be only temporary as plans were under discussion during 1958 to provide a centralised service in Kampala for the examination of sputa and other tuberculous material.

B. THE ENTOMOLOGICAL DIVISION

402. There was some reorganisation of this unit during the year under review, as a result of which the Senior Pathologist relinquished responsibility for the general administration of the Entomological Division. The independence of the division led to a shortage of adequate clerical staff, and difficulty was experienced in resolving this problem owing to restrictions on recruitment. Accordingly, too much of the time of scientific officers had to be spent on routine administrative matters.

403. At the end of the year the division moved into new premises previously occupied by the Principal Medical Officer, Buganda, and the District Medical Officer, Mengo. The necessary conversions from office to laboratory accommodation had been adequately carried out, bearing in mind the limitations of the building itself and of the funds available. The construction of a new teaching laboratory was commenced in October and is scheduled for completion in the first half of 1959.

404. Throughout 1958 the division was actively engaged on surveys in connection with malaria control, paying particular attention to fish ponds, dams, borrow-pits arising out of road construction and, in addition, carrying out full-scale mosquito surveys in Kasese, Fort Portal and Jinja.

405. Also during 1958 a wide variety of artificially impounded waters were investigated in relation to schistosomiasis, and a survey of the shores of Lake Victoria was planned.

406. A survey was also undertaken of the areas in Lango and Acholi infested with *S. damnosum* arising from the 50-odd miles of rapids on the Nile between Atura Ferry and the Murchison Falls. The survey was a preliminary to a large-scale eradication scheme planned to take place in the early part of 1959.

C. THE GOVERNMENT ANALYTICAL LABORATORY

407. Once again the volume of work handled by the Government Chemist increased during the year under review. Work was facilitated by a move to an excellent new laboratory in May. Additional rooms, bench-space and stores have made it possible to arrange the extensive equipment and apparatus on a more logical basis, resulting in a much more congenial atmosphere with a higher standard of efficiency.

408. Staff was increased in 1958 by the recruitment of a trainee Laboratory Assistant in June, and an Assistant Chemist and a fully trained Laboratory Assistant in November.

The total number of samples examined during the year was 2,242, compared with 2,084 during 1957; the source and distribution of samples received was as follows:—

Source	Number	Distribution	Number
Police Department	1,456	Water	43
Public Health Authorities and Water Department	267	Foodstuff	556
Other Government Departments and parastatal bodies	439	Exhibits in connection with forensic chemical work ..	1,456
East African Customs and Excise Department	23	Medical Department ..	122
Miscellaneous, including private firms and individuals	57	Miscellaneous	65
TOTAL ..	2,242	TOTAL ..	2,242

409. Of the 43 samples of water received for examination, 21 came from the public health authorities and the remainder from other sources including the East African Railways and Harbours Administration.

Foodstuff

410. Examination of the following foods was carried out:—

Fresh milk	...	90
Coffee ...	...	417
Other foodstuffs	...	49
		556

Milk

411. Of the 90 samples of fresh milk examined, 27, i.e. 30 per cent were found to be adulterated, a considerable improvement over the previous year's figure of 43$\frac{1}{3}$ per cent. As in the preceding years, the bulk of the adulterated samples were taken from street vendors.

Forensic Chemical Examination

412. The distribution of work undertaken in this field was as follows:—

Articles for detection of human blood and seminal stains	...	...	612
Specimens and organs for toxicological examinations	...	...	412
Drugs ...	...	...	273
Miscellaneous	...	...	159

413. The 412 exhibits and organs requiring toxicological examination came from 137 cases and included 54 specimens of blood for alcohol content. Toxic substances were detected in 168 exhibits, obtained from 33 cases.

414. The 273 exhibits examined in connection with the illegal sale of drugs and the practice of medicine were, in the main, antibiotics, bismuth and organic arsenical injections, sulphonamides and anti-malarials.

415. The other miscellaneous exhibits examined in connection with forensic chemistry included 54 samples of native spirituous liquor (waragi), eight samples of jaggery, eight exhibits for detection of inflammable liquids in a suspected arson case, four exhibits for estimation of gold and numerous samples of paint and metal fragments in "hit and run" cases under investigation by the Police.

Examinations on behalf of the Medical Department

416. From the Medical Department 122 species were received during the year, and included 49 specimens from hospitals for detection of poisons. Poisons found were barbiturates, arsenic, alcohol, quinine and lead.

417. Forty-five samples were examined for the Chief Pharmacist for compliance with the British Pharmacopoea and B.P.C. Standards, and included distilled water, chloroquine phosphate tablets, sodium thiopentone and stovaine.

418. Other samples examined included native beers and varieties of cowpeas for assessments of vitamins and calorific values for the Nutrition Unit and the Infantile Malnutrition Unit.

Miscellaneous Investigations

419. Twenty-three samples from the East African Customs and Excise Department included seven textiles for silk content and 12 samples of beer for original gravity. Seventeen samples of soap were examined on behalf of the Tender Board. Six samples from the Public Works Department included five samples of wire gauze for analysis of composition and one sample of bleaching powder. Numerous other investigations were undertaken for Government departments and private commercial concerns.

VI.—TRAINING

420. The outstanding event of the year was the formation of a Council for Post Graduate Medical Training which came into being on the 29th August, 1958. The original members of the Council were:—

Sir Richard Ramage, C.M.G., *Chairman.*
The Director of Medical Services.
The Dean of the Faculty of Medicine, Makerere College.
The Head of the Department of Surgery, Makerere College.
The Head of the Department of Gynaecology, Makerere College.
Dr. D. B. Allbrook, M.B., B.S., Ph.D.
Dr. J. M. Vaizey, M.A., M.D., M.R.C.P.
The Hon. B. N. Kununka, Dip. Med. (E.A.).
Miss S. E. Nyendwoha, B.A. (*Oxon*).
Mr. J. M. Aryada, B.A. (*Oxon*).

The duties of the council are to approve candidates selected for registrarships and other training posts, and to approve the periods and programmes of study for those selected. In addition, the council has the task of considering progress reports; recommending the provision of scholarships to facilitate the proper completion of training programmes; and recommending the amounts which should be provided as subsidies, allowances and fees for those persons who are not Government servants.

421. At the same time as the council was formed a Board of Medical Studies was also brought into being with the following membership:—

The Chairman of the Public Service Commission or his representative.

The Director of Medical Services or his representative.
The Head of the Department of Medicine, Makerere College.
The Head of the Department of Surgery, Makerere College.
The Head of the Department of Gynaecology, Makerere College.
The Medical Superintendent of Mulago Hospital.

The duties of the board are to select candidates for training posts at Mulago Hospital, for reference to the Council for Post Graduate Medical Training. It also has the task of advising bodies granting overseas scholarships on the suitability of applicants, arranging programmes of study within the limitations laid down by the Council for Post Graduate Medical Training, submitting progress reports to the council and advising the council on such scholarships as may be required.

422. Following recommendations by the Board of Studies and the council, six registrars were appointed to Mulago Hospital, two each in the departments of medicine, surgery and obstetrics/gynaecology.

423. During 1958 there were no major changes in the various courses of training provided by the Medical Department, although there were various improvements in detail. Training schemes fell into two main classes: a general nursing group and a miscellaneous group of technical courses. The nursing group consisted of the following:—

Medical Assistants

424. The medical assistants course continued at Masaka Training School. Candidates, as usual, were of two types—firstly, nursing orderlies who had successfully passed their final examination with high marks and were therefore considered worthy of continued training as medical assistants immediately, and secondly, serving nursing orderlies who had worked for three or four years in district hospitals and through merit had been selected for further training. The first of these two groups, as in the past, were required to study for a further year, the second group studying for two years.

Nursing Orderlies

425. The two-year course of training for nursing orderlies continued at Masaka, Lira and Jinja training schools. There was a marked increase in the number of applicants for training possessing the required educational

level of Junior Secondary III. All three training schools were filled to capacity following the February intakes of new students. As usual, however, the congestion was temporary, the number of students discharged after being found unsuitable during the three months preliminary training period remaining high.

Nurses (Female)

426. The number of applications received during 1958 for the three years and three months nursing training course was most encouraging. For the first time applications from candidates with the required standard of education exceeded the number of places available in the Nurses Training School at Mulago. All students finally accepted were English-speaking As in former years, there were two intakes, one in February and another in August, the latter intake including several girls who had completed their senior secondary schooling. Of 351 applicants in 1958, 218 had attained a standard of Junior Secondary III or higher.

Midwives

427. The training of midwives continued at Mulago Training School and at the Northern Province Training School for Midwives, Gulu. The tendency for applicants for midwifery training to be women who had already qualified as nurses continued to increase. This is to be encouraged; a person trained as both nurse and midwife is far more valuable to the Department and the community than one trained in midwifery only. Certificated nurses study for only one year on the midwifery course; untrained girls take two years.

Mental Nurses

428. A training school for mental nurses is now fully established at the Mental Hospital, Mulago. The course covers a period of three years and three months and 10 students were accepted in August, 1958. One student failed to pass the examination at the end of the preliminary training period; the remained were still continuing their studies at the end of the year.

429. Students occupied makeshift accommodation at Mulago Mental Hospital, but a new school is being built at Butabika Mental Hospital; this should be ready for use by the middle of 1959.

Assistant Health Visitors

430. All five students who commenced this one-year course in August, 1957 passed their final examination, and five more students took their places in August, 1958. All the new entrants were qualified midwives. Of the five to qualify in 1958, three returned to their mission hospitals for duty in neighbouring rural areas, one returned to the service of the Buganda Government for duty at Mpigi Health Centre and one was posted to the Health Centre at Budaka in the service of the Protectorate Government.

Special Courses and Refresher Courses

431. A special course in anaesthetics and theatre techniques was again arranged in 1958. Three candidates successfully completed the course. In addition a special course in tuberculosis work was arranged, three candidates completing the course satisfactorily. Both these special courses were for medical assistants only.

432. Refresher courses were held for medical assistants at Masaka and for midwives at Mulago. Shortage of teaching staff prevented the holding of a refresher course for nursing orderlies in 1958.

433. The group of technical courses were as follows:—

Health Inspector (East Africa)

434. The normal course for Health Inspectors (E.A.) continued during 1958 at Mbale. The course lasts three years and the terminal examination is held under the auspices of the Royal Society of Health and is set by a local East African Examination Board.

Hygiene Orderlies

435. This two-year course was held at Mbale as usual. It aims at training men in the practical aspects of hygiene, public health and the control of epidemics.

Laboratory Assistants

436. The three-year laboratory assistants' course, based on the central laboratory, continued unchanged. A very large number of applications for training were received in 1958, so that there was no difficulty in limiting the intake to students possessing the School Certificate. The selection of School Certificate students does, however, carry with it the grave disadvantage that many students, after having been offered places, do not report for training because they have found some other occupation which they prefer. Thus, in February 1958, 12 individuals were offered posts on the course and only two eventually presented themselves; after great effort four additional candidates were found during April and May and it was possible to begin the course somewhat late with six students; within three months two of these had resigned to join the Royal Technical College, Nairobi.

437. The laboratory assistants' course is designed to conform with the training schedules of the Institute of Medical Laboratory Technologists, the ultimate aim being that the institute may one day provide facilities for the Intermediate Examination to be set in East Africa.

Dispensers

438. The course for dispensers, lasting three years, continued without alteration and it is noteworthy that 1958 was a very successful year. The reason for this was that no member of the teaching staff was absent on vacation leave, so that complete continuity in teaching was possible.

439. The dispensers' classroom was greatly improved with the installation of proper dispensing benches, but unfortunately running water had not been laid on by the end of the year.

440. For the first time in the history of the Medical Department, two of its members were successful in obtaining scholarships to go to the United Kingdom to study pharmacy. One was a fully-trained dispenser, and the other a student who had completed his departmental training. Both left in September and will be away five years.

441. During the year 1958 representations were made to the Working Party on Higher Education in East Africa by the Chief Pharmacist to the Department and by the Uganda Branch of the Pharmaceutical Society of East Africa, stressing the urgent necessity for a course for pharmacists in East Africa. The Working Party's report had not been published by the end of the year.

Stores Assistants

442. The three-year course for stores assistants continued satisfactorily during 1958. It was based, as usual, on the Medical Store, Entebbe, though during part of their training period students spend six months at Entebbe Civil Hospital and six months at Mulago Hospital, in order to obtain experience of hospital work in both small and large institutions whilst they are still under training. The students also attended evening classes in English at the Kyambogo Technical Institute, Kampala.

Assistant Radiographers

443. The three-year course for assistant radiographers held at Mulago Hospital continued during 1958. The course labours under considerable difficulty as the work of a radiographer has little popular appeal and suitable recruits are few. At the same time it is essential to take students of a high academic standard such as those possessing a good pass in the School Certificate examination, otherwise they are incapable of understanding the technical aspects of their duties. It is hoped, in the future, to interest women in this work.

Training by Missions

444. As well as the training courses provided by Government, as in former years a number of mission units continued to train staff both for their own use and for employment in Government and private institutions. Thus the Mengo C.M.S. Hospital and the Nsambya Roman Catholic Mission Hospital, both in Kampala, trained nurses and midwives. In addition, following recognition by the Nurses, Midwives and Medical Assistants Council in September, 1958, Kalongo Mission Hospital will commence the training of midwives at the beginning of 1959.

Note.—Tables XIV and XV give particulars of the trainees at Medical Department training centres.

Table XIV

Nursing (Male and Female) and Midwifery Courses

Unit	Course	Length of Course	Remaining on 31–12–57	Intake for 1958	Total in training beginning 1958	Wastage	Passed Final Examinations	Remaining on 31–12–58
Mulago	General Nursing ..	3 years and 3 months ..	105	84	189	35	23	131
Mulago	Midwifery	2 years and 3 months ..	18	29	47	10	6	31
Gulu	Midwifery	2 years and 3 months ..	8	14	22	6	5	11
Masaka	Medical Assistants ..	1 year or 2 years	29	27	56	—	26	30
Masaka	Nursing Orderlies ..	2 years ..	28	35	63	11	9 4 passed at Nursing Orderly level. 5 passed for Medical Assistants Course.	43
Jinja	Nursing Orderlies ..	2 years ..	26	21	47	8	9 7 passed at Nursing Orderly level. 2 passed for Medical Assistants Course.	30
Lira	Nursing Orderlies ..	2 years ..	45	37	82	17	19 15 passed at Nursing Orderly level. 4 passed for Medical Assistants Course.	46
Mulago Mental Hospital ..	Mental Nursing ..	3 years and 3 months ..	12	10	22	2	1	19

Table XV.—Other Courses

Unit	Course	Length of Course	Remaining on 31–12–57	Intake for 1958	Total in training beginning 1958	Wastage	Passed Final Examinations	Remaining on 31–12–58
Mbale School of Hygiene	Health Inspector (E.A.)	3 years ..	21	20	41	14	4	23
Mbale School of Hygiene	Hygiene Orderly ..	2 years ..	46	41	87	23	37	27
Medical Stores ..	Stores Assistant ..	3 years ..	10	10	20	1	2	17
Mulago Hospital ..	Dispenser	3 years ..	15	9	24	1	5	18
Medical Laboratory ..	Laboratory Assistant..	3 years ..	17	4	21	3	4	14
X-Ray Division ..	Assistant Radiographer	3 years ..	8	4	12	4	1	7

VII.—INTERNATIONAL ORGANIZATIONS

World Health Organization

445. During the year 1958 the advice and technical assistance provided by the World Health Organization was concentrated on two main schemes, namely a tuberculosis survey towards the beginning of the year and planning and preparation for a malaria eradication scheme in Kigezi towards the end of the year. These schemes are described in more detail under the sections of tuberculosis and malaria respectively.

United Nations Children's Fund

446. During the year supplies were received by Government and mission units covering the second two years of assistance from U.N.I.C.E.F. in connection with health education, medical training, and rural maternity and child welfare work. The value of this assistance for the financial year 1958/59 will amount to approximately £32,600.

447. An agreement was signed between Makerere College and U.N.I.C.E.F. to provide for the foundation of a Chair of Paediatrics. U.N.I.C.E.F. agreed to give a sum of £15,550 to cover the cost of the Paediatric Department until the end of 1961, after which the college authorities will assume full responsibility. A professor was appointed towards the end of the year and was due to arrive early in 1959.

448. The two-year programme of assistance in connection with leprosy control, which started in 1957, was enlarged and extended for a further two years, that is, until the end of 1960. The value of assistance given for the first two years amounted to £40,750.

449. To supplement the maternity and child welfare programme, U.N.I.C.E.F. continued to supply non-fat dried milk for issue to mothers and children, attending Government and mission medical units, who were found to be in need of supplementary protein; thirty-five tons were received during the year.

450. In addition to this milk a further supply of dried milk from the United States was sent by the Church World Service for distribution in the Province of Buganda as a result of a special arrangement made between the Buganda Government, mission authorities and the Y.W.C.A. Thirty-two tons were supplied for consumption in 1958, and this amount was to be increased during the early part of 1959. As this source of milk will cease in September, 1959, the Medical Department has requested U.N.I.C.E.F. to supply milk powder in quantities sufficient for the whole Protectorate from October, 1959. (To avoid duplication U.N.I.C.E.F. milk was not supplied to units in receipt of C.W.S. milk). It is planned that future issues for distribution through medical units will amount to 400 tons per annum.

451. The Medical Deparment co-operated with the Provincial Administration and U.N.I.C.E.F. in drawing up a joint programme for improving the health of schoolchildren and pre-school children in Bukedi District. The scheme is to be started in 1960. This Department has promised the assistance of the Senior Medical Officer (Health Education) and the Medical Officer in charge of the Nutrition Unit. As well as transport and other equipment, U.N.I.C.E.F. agreed to supply a further 200 tons of non-fat dried milk in addition to the 400 tons mentioned above. The provision of midday meals for schoolchildren is an important part of the scheme.

LEGISLATION

District Administration (District Councils) Ordinance, 1955

Legal Notice No. 75 introduced the Leprosy Bye-law, 1958, in Toro District.

Legal Notice No. 96 amended the Lango Protection of Health Bye-law, 1951.

Legal Notice No. 126 introduced a Bye-law for the Protection of Health in Toro.

Legal Notice No. 134 introduced Bye-laws to Control and Improve Shops and Trading Centres in Ankole.

Legal Notice No. 136 introduced the Town Planning and Building Law, 1958, for Buganda.

Legal Notice No. 219 introduced the Protection of Health Bye-law, 1958, for the West Nile District.

Legal Notice No. 220 introduced the Leprosy Bye-law, 1958, for the West Nile District.

Markets Ordinance, Cap. 107

Legal Notice No. 133 amended rule 13 of the Ordinance.

Legal Notice No. 6 applied the Rules to Kaberamaido.

Ordinance No. 24 amended the principal Ordinance.

Medical Practitioners and Dentists Ordinance, Cap. 93

Ordinance No. 39 amended the principal Ordinance in many respects.

Legal Notice No. 89 extended the definition of "services" in section 2 of the Ordinance.

General Notice No. 494—Uganda declared a Commonwealth country to which Part III of the British Medical Act, 1956, applies.

General Notice No. 482 appointed a Board of Assessors.

Gazette Extraordinary No. 17 of the 19th March, 1958, gave a list of Medical Practitioners and Dentists, etc.

Public Health Ordinance, Cap. 98

Legal Notice No. 102 introduced the Public Health (Fees) Rules, 1958.

Legal Notice No. 326 introduced the Public Health (Appeals) Rules, 1958.

THE PUBLIC HEALTH BUILDING RULES, 1951

Legal Notice No. 37 exempted declared Grade II and Grade III housing areas in Kasese from these Rules.

Legal Notice No. 77 exempted declared Grade II housing areas in Mbarara from these Rules.

Legal Notice No. 84 exempted day schools of Secondary I, II or III Standard from the provisions of these Rules.

Legal Notice No. 144 exempted declared Grade II housing areas in Kamuli from these Rules.

THE PUBLIC HEALTH (EATING HOUSE) RULES

Legal Notice No. 59 added Kaberamaido, Kumi and Ngora to the First Schedule.

THE PUBLIC HEALTH (MEAT) RULES

Legal Notice No. 57 added Kaberamaido to the First Schedule.

THE PUBLIC HEALTH (NOTIFIABLE DISEASES) RULES

Legal Notice No. 42 revoked Legal Notice No. 218 of 1946 and No. 49 of 1947 which dealt with the First Landing of Aircraft in Uganda.

Legal Notice No. 264 revoked *Legal Notices Nos.* 185 of 1943 and No. 204 of 1945 which dealt with the vaccination of persons from Kenya.

THE PUBLIC HEALTH (SCHOOL BUILDINGS) (AMENDMENT) RULES, 1958

Legal Notice No. 294 decreased minimum floor space per pupil to 30 sq. ft. where two-tier beds are used.

PHARMACY AND POISONS ORDINANCE, CAP. 96

Legal Notice No. 236 exempted the Freda Carr Hospital from the provisions of Part II of the Ordinance.

Legal Notice No. 248 appointed 25th September, as the date for the coming into force of the Ordinance.

Legal Notice No. 266 introduced the Pharmacy and Poisons Rules, 1958.

General Notice No. 658 listed pharmacists registered under sections 9 and 11 of the Ordinance.

General Notice No. 659 listed premises registered under section 15 of the Ordinance.

General Notice No. 660 listed licences issued to firms to sell wholesale and import poisons.

DANGEROUS DRUGS ORDINANCE, CAP. 97

Legal Notice No. 323 added Normethadone to the Schedule.

NURSING SISTERS (RETIRING ALLOWANCES) ORDINANCE, CAP. 52

Ordinance No. 15 of 1958 amended the principal Ordinance.

NURSES, MIDWIVES AND MEDICAL ASSISTANTS ORDINANCE, 1958

Ordinance No. 37 of 1958 was passed on the 23rd September, 1958.

Ordinance No. 49 of 1958 amended the principal Ordinance.

SLEEPING SICKNESS ORDINANCE, CAP. 100

Ordinance No. 50 of 1958 amended the principal Ordinance with reference to the seizure and forfeiture of vessels, etc.

Miscellaneous

ADVISORY COMMITTEE ON VOLUNTARY MEDICAL SERVICES

General Notice No. 1603 announced the constitution of the Committee and gave its terms of reference.

APPOINTMENT OF THE COUNCIL FOR POST-GRADUATE MEDICAL TRAINING AND THE BOARD OF MEDICAL STUDIES

General Notices Nos. 1235 and 1236 appointed members to the Boards and gave their terms of reference.

ADVISORY BOARD OF HEALTH

General Notices Nos. 1151 and 1237 increased the membership of the Board.

CHARGES FOR GOVERNMENT MEDICAL AND DENTAL SERVICES

General Notice No. 267 amended the charges.

SCIENTIFIC COMMITTEE ON HUMAN NUTRITION IN UGANDA

General Notice No. 242 set up the committee and gave its terms of reference.

LIST OF SCIENTIFIC PUBLICATIONS

(1) British Journal of Haematology, Vol. IV, No. 2, April, 1958

Hereditary Persistence of Foetal Haemoglobin Production, and its Interaction with the Sickle-Cell Trait.

Gillian F. Jacob, M.B., B.Chir., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.T.M.&H. and Alan B. Raper, B.Sc., M.D., M.B., Ch.B., M.R.C.P. (Lond.), D.T.M.&H.

(2) Journal of Laryngology and Otology, Vol. LXXII, No. 8, August, 1958

Clinical Experience with Detergent Nose Drops and an Experimental Investigation of their effect on Cilated Mucous Epithelium.

P. E. Roland, M.B., B.S. (Lond.), F.R.C.S. (Edin.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.L.O. (Eng.) and P. G. Wright, B.Sc. (Lond.).

(3) Radiology, Vol. 70, No. 6, June, 1958.

The Bone Changes of Madura Foot.

Observations on Uganda Africans.

A. G. M. Davies, M.D., D.M.R.D.

(4) East African Medical Journal, Vol. 35, No. 9, September, 1958

A Case of Pink Disease in an African Child.

S. A. Singh, M.B., B.S. (Punjab), M.R.C.P. (Edin.), D.T.M.&H. (Eng.).

(5) International Labour Review, October, 1958

The Place of Industrial Medicine in Uganda.

P. E. C. Hopwood, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), D.H. (Lond.).

(6) Journal of Tropical Paediatrics, Vol. 3, No. 158, 1958

Bottle Feeding—A problem of Modern Civilisation.

H. F. Welbourn, M.B., Ch.B.

(7) East African Medical Journal, Vol. 35, No. 8 August, 1958

Simulium Neavei in Uganda.

G. R. Barnley, M.B.E., M.Sc. and M. A. Prentice, B.Sc.

(8) East African Medical Journal, Vol. 35, No. 8, August, 1958

Control of Simulium Vectors of Onchocerciasis in Uganda.

G. R. Barnley, M.B.E., M.Sc.

(9) Contributions to the Proceedings of 10th International Congress of Entomology, Montreal, 1956, Vol. 3, 1958

G. R. Barnley, M.B.E., M.Sc.

(10) International Journal of Health Education, Vol. 3, July, 1958
The Big Five.
G. G. Murphy, B.A. (NUI), M.B., B.Ch. B.A.O., D.P.H. (Lond.), B.D.

(11) Published by Edward Arnold (Publishers) Ltd., 1958
Diseases of Children in the Subtropics and Tropics
H. C. Trowell, O.B.E., M.D., F.R.C.P.
D. B. Jelliffe, M.D., M.R.C.P., D.C.H., D.T.M.&H.

Note:—Publications by members of the staff of Makerere College Medical School are not listed here; they are to be found in the annual report of the College.

SUMMARY OF REVENUE AND EXPENDITURE

REVENUE

Year	Hospital Fees and Other Receipts	Capitation Fees	Grants from other E.A. Governments	Recoveries from Students	TOTAL
	£	£	£	£	£
Holding Budget 1954	30,652	3,438	4,638	—	38,728
1954/55	92,085	9,285	5,950	—	107,320
1955/56	54,686	8,912	7,500	—	71,098
1956/57	52,532	10,393	7,500	—	70,425
1957/58	63,865	17,642	7,500	9,775	98,782

EXPENDITURE

Year	Personal Emoluments	Other Charges	Special Expenditure	TOTAL
	£	£	£	£
Holding Budget 1954..	270,755	180,007	16,726	467,488
1954/55	735,616	431,832	31,655	1,199,103
1955/56	740,811	500,902	88,534	1,330,247
1956/57	885,281	571,700	32,235	1,489,216
1957/58	973,886	619,956	81,035	1,674,877

Details of Revenue

1956–57		1957–58	
Actual		Estimated	Actual
£		£	£
	CHARGES FOR SERVICES RENDERED—		
29,020	Medical and dental charges and hospital and X-ray fees	32,000	35,010
2,545	Nursing Sisters' quarters	3,800	1,371
	SERVICES SUBJECT TO PART REPAYMENT TO OFFICERS—		
2,957	Medical fees : Workman's Compensation Ordinance	3,000	3,233
18,010	Medical and dental private fees	18,000	24,251
52,532	TOTAL REVENUE .. £	56,800	63,865
	CAPITATION FEES—		
6,509	Railway Administration : Medical attendance, Railway and Marine staff	5,100	8,054
3,884	Other bodies	3,430	9,588
	OTHER SOURCES—		
7,500	Grants from other East African Governments to Mulago Teaching Hospital	7,500	7,500
—	Recoveries from students	—	9,775
70,425	TOTAL RECEIPTS .. £	72,830	98,782

Details of Expenditure

1956–57 Actual		1957–58 Estimated	1957–58 Actual
£		£	£
	STAFF—		
885,281	Personal emoluments	1,001,621	973,886
47,033	Casual labour	60,000	53,634
75,176	Travelling and transport	75,626	68,771
—	Travelling and transport (leave)	12,000	9,824
8,005	Part reimbursement of fees collected by officers from private patients	8,500	12,251
601	Workmen's compensation : Payment to Government medical practitioners	750	898
1,757	Medical and nursing attendance to private practitioners and nurses	1,400	7,421
848	Special courses of instruction for medical staff	1,500	2,302
186	Financial assistance to departmental medical officers for research	500	469
2	Revenue refunds	10	4
250	Honoraria and fees payable to consultants	250	450
—	Fees for sessional work by general practitioners	7,000	6,244
90	Staff recreation : Purchase of equipment	200	194
—	English classes for nurses	500	359
	MATERIALS—		
233,277	Stores, drugs and equipment	266,000	279,453
858	Incidentals	800	744
881	Publications	550	612
—	Teaching equipment for Training Schools	600	554
	UPKEEP—		
642	Medico-legal travelling	3,000	915
42,780	Post Office services, water and electricity	51,990	53,076
92,038	Food and fuel for hospitals, laboratories and training centres	115,000	96,918
471	Expenses in connection with non-African mental patients	550	268
	HYGIENE—		
14,732	Control of epidemic and endemic diseases	13,500	13,817
1,619	Public Health propaganda	2,000	1,936
	CONTRIBUTIONS—		
7,775	Grants to missions for relief of leprosy	7,943	7,942
50	Lady Cook Memorial Scholarship to African nurses and midwives	100	150
750	Maintenance of Red Cross van for blood transfusion service	750	750
	SPECIAL EXPENDITURE—		
1,000	Building grants to leper settlements	1,000	1,000
11,033	Equipment for existing hospitals and dispensaries	20,000	34,809
	Equipment for new medical units	32,000	32,797
12,481	Purchase of motor vehicles	6,090	6,256
—	Paediatric research scheme	1,500	1,500
414	Office equipment	1,480	3,261
1,141	Medical visitors	500	505
—	Agricultural and trade shows	100	—
2,918	Equipment for Central Laboratory	—	907
1,444,089	**Total Medical Department** £	1,695,310	1,674,877

CAPITAL EXPENDITURE

1956–57		1957–58	
Actual		Estimated	Actual
£		£	£
39,305	Public Works Extraordinary—medical buildings*	363,680	196,574
23,572	New Mulago Hospital	32,000	33,550
26,251	Other Capital Expenditure	60,000	20,562
89,128	TOTAL .. .. £	455,680	250,686

* For details *see* Appendix IV.

BUILDINGS, 1957/58

	Total Scheme Value	Expenditure 1957–58	
		Estimated	Actual
	£	£	£
Institutional housing (2nd phase)	41,600	38,400	22,035
Nakasero Hospital improvements	47,200	1,000	1,449
Central Laboratory, Kampala, improvements	8,650	850	743
Offices for special units, Kampala	2,000	300	209
Tuberculosis wards (1st phase)	46,000	22,500	17,268
Hostel for hospital staff, Jinja	16,000	16,000	14,986
Nursing Orderlies' school extension, Jinja	18,000	18,000	6,513
X-ray buildings, Jinja, Mbale and Mbarara	6,000	1,000	324
Labour ward and ancillaries, Jinja	1,500	500	270
Wards for paying patients, Jinja	4,000	3,000	3,899
Childrens' ward, Mulago	2,200	1,000	1,520
Ward for paying patients, Mulago	4,500	1,500	1,583
Staff Hostel, Mulago	25,000	5,000	319
Nursing Sisters' quarters, Mulago	28,350	25,000	9,878
Midwives Training Centre extensions, Gulu	15,159	10,000	8,190
Out-patients department and store, Arua	14,500	12,500	8,464
Out-patients department, Tororo	15,000	11,000	6,730
Staff Hostel, Mbale	9,000	8,680	2,461
New Hygiene School, Mbale	71,000	40,000	9,370
20-bed block for paying patients, Mbale	25,000	20,000	8,561
Nursing Sisters' quarters, Mbale	9,450	9,140	533
Operating theatre alterations, Mbale	1,400	1,400	1,323
Headquarters offices extensions, Entebbe	9,200	8,830	8,329
Laundries and kitchens, Entebbe, Arua and Masaka	11,000	11,000	4,157
Butabika Hospital (2nd phase)	86,200	25,000	5,827
Nursing Sisters' quarters, Nakasero	23,625	20,000	11,099
Administration block, Nakasero	16,000	6,000	9,000
Maternity units (1st phase)	72,000	33,000	22,784
Stores—Kabale, Lira and Entebbe	7,000	7,000	5,149
Special casualty block, Fort Portal	3,350	80	80
Out-patients department, Masindi	12,000	1,500	1,150
Out-patients department, Lira	12,000	1,500	1,488
Out-patients department, Kabale*	12,000	1,500	483
Dental unit, Masaka	3,000	1,500	—
TOTAL £		363,680	196,574

* Transferred from Hoima.

ESTIMATED EXPENDITURE AFRICAN LOCAL GOVERNMENTS FOR THE YEAR 1958/1959

	Recurrent	Non-Recurrent
	£	£
NORTHERN PROVINCE—		
Acholi	3,787	13,861
Lango	8,832	—
Madi	1,199	600
West Nile	3,312	2,609
Karamoja	1,514	—
EASTERN PROVINCE—		
Busoga	18,279	22,958
Bukedi	10,675	15,090
Bugisu	11,458	1,438
Teso	10,189	29,015
WESTERN PROVINCE—		
Ankole	3,381	4,080
Bunyoro	2,278	1,250
Kigezi	5,924	1,850
Toro	5,235	6,462
BUGANDA—		
H.H. the Kabaka's Government	66,139	—
*Transferred Services	151,328	30,600

* Protectorate Government's contribution.

ESTABLISHMENT, 1958/59

Administration

1 Director of Medical Services.
1 Deputy Director of Medical Services.
2 Assistant Directors.
6 Senior Medical Officers.
1 Administrative Secretary.
2 Establishment Officers or Assistant Establishment Officers.
1 Senior Accountant.
2 Accountants.
12 Personal Secretaries.
1 Senior Accounts Officer.
4 Accounts Officers.
5 Section Officers.
6 Office Assistants.
7 Accounts Assistants.
1 Statistical Assistant.

General

3 Senior Specialists.
13 Specialists.
3 Senior Medical Officers.
129 Medical Officers, Medical Officers (E.A.), Medical Officers (U) and Assistant Surgeons.
1 Senior Hospital Superintendent.
4 Hospital Superintendents.
17 Assistant Hospital Superintendents.
1 Nutritionist.
5 Nutrition Assistants.
2 Instrument Mechanics.
1 Medico-Social Worker.
1 Commercial Artist.
12 Hospital Cooks.
21 Artizans.
3 Foremen.
14 Telephone Operators.
2 Dark Room Assistants.
1 Silk Screen Operator.
161 Clerks.

Nursing

1 Matron-in-Chief.
4 Matrons, Grade I.
4 Matrons, Grade II.
1 Senior Nursing Tutor.
11 Nursing Tutors.
1 Health Visitor Tutor.
106 Nuring Sisters and Health Visitors.
405 Nurses, Midwives and Nurse/Midwives.
314 Senior Medical Assistants and Medical Assistants.
240 Senior Nursing Orderlies and Nursing Orderlies.
1 Warden.
1 Welfare Worker.
9 Housekeepers.
11 Domestic Assistants.
2 Orthopaedic Assistants.

Laboratory and Entomological

1 Senior Pathologist.
3 Pathologists.
2 Government Chemists.
1 Assistant Government Chemist.
1 Assistant Bacteriologist.
3 Field Officers.
1 Physiological Laboratory Superintendent.
3 Senior Entomologists and Entomologists.
1 Biochemist.
3 Physiotherapists.
1 Senior Laboratory Technician.
7 Laboratory Technicians.
64 Senior Laboratory Assistants and Laboratory Assistants.
12 Field Assistants (Ent.).

Pharmaceutical

1 Chief Pharmacist.
6 Pharmacists.
1 Senior Storekeeper.
4 Storekeepers.
1 Inspector of Drugs.
5 Assistant Storekeepers.
20 Stores Assistants.
51 Senior Dispensers and Dispensers.

Radiological

2 Senior Radiographers.
7 Radiographers.
1 Receptionist/Secretary (Radiography).
7 Senior Assistant Radiographers and Assistant Radiographers.
2 X-ray Assistants.

Hygiene and Sanitation

1 Chief Health Inspector.
26 Senior Health Inspectors and Health Inspectors.
1 Principal, School of Hygiene.
2 Instructors of Hygiene.
1 Assistant Bursar.
135 Senior Health Inspectors and Health Inspectors (E.A.).
160 Senior Hygiene Orderlies and Hygiene Orderlies.

Dental

9 Dental Surgeons.
4 Dental Mechanics.
3 Dental Assistants.

Mental Hospitals

1 Chief Male Nurse.
9 Charge Nurses.
1 Matron (Grade I or II).
1 Nursing Tutor.
1 Sister-in-Chief, Mental Hospital.
4 Sisters, Mental Hospital.
12 Mental Nurses.

Transport

13 Drivers.
2 Mechanics.

Miscellaneous Employees

2 Mortuary Attendants.
1 Senior Hospital Headman.
2 Artificial Limb Makers.
2,191 Subordinate Service Staff.

Training Schools

449 Trainees.

STAFF INFORMATION

Honours, 1958

Dr. E. A. Trim, O.B.E.	*Director*	...	... C.B.E.
Dr. L. K. Musoke	... *Medical Officer*	...	... M.B.E.
Mrs. Beyeza Suluta	... *Head Attendant*	...	... B.E.M.
Miss Eva Nakawuka	... *Nurse/Midwife*	...	... Certificate of Honour.
Miss Mary Nanfuka	... *Midwife*	...	... Certificate of Honour.

Post-Graduate Diplomas and Degrees

Dr. H. Shore	... *Medical Officer* ...	... D.P.H.
Dr. S. B. Asea	... *Medical Officer (E.A.)*	... D.T.M.&H. (*L'pool*).
Dr. G. W. Kafuko	... *Medical Officer (E.A.)*	... D.P.H. (*St. Andrews*).
Dr. R. J. Onyango	... *Medical Officer (E.A.)*	... D.T.M.&H. (*London*).
Dr. H. J. Burgess	... *Medical Officer* ...	... D.T.M.&H. (*L'pool*).

Headquarters Administrative Staff

Director	... E. A. Trim, C.B.E., B.A., M.D., B.Ch., D.T.M.&H.
Deputy Director ...	... C. W. Davies, M.R.C.S., L.R.C.P., D.P.H.
Assistant Directors ...	... E. M. Clark, M.R.C.S., L.R.C.P., D.T.M.&H.
	D. G. Snell, M.B., B.S., D.T.M.&H., D.P.H.
Matron-in-Chief ...	... Miss R. Angus, S.R.N.
Chief Pharmacist ...	... J. C. Baird, M.P.S., Ph.C., D.B.A.
Chief Health Inspector	... V. A. Bunge, F.R.S.H. Cert.R.S.I.
Administrative Secretary	... E. J. Kennard.

GPUP—2533—720—8-59.

Printed by the
Government Printer, P.O. Box 33,
Entebbe, Uganda
1959

UGANDA PROTECTORATE

Annual Report of the Medical Department

For the Year Ended 31st December, 1958

VOLUME II

Published by Command of His Excellency the Governor

UGANDA

Scale 1:2,000,000

Miles 10 0 10 20 30 40 50 Miles

SUDAN
TORIT
BAHR EL JEBEL (WHITE NILE)
R Kidepo
Moyo
Ferry
Nimule
Madi Opei
Kaabong
R. Aswa
Kitgum
R Pager
R. Kapeta
WEST NILE
ALBERT NILE
ACHOLI
Arua
Rhino Camp
NORTHERN
GULU
R. Moroto
R Lochomon
Moroto
KARAMOJA
KARASUK
Pakwach
Mahagi
Ferry
Murchison Falls
VICTORIA NILE
Ferry
LANGO
Lira
Djugu
Butiaba
LAKE ALBERT
2030
BUNYORO
LAKE KWANIA
Masindi Port
Masindi
Soroti
TESO
Irumu
Hoima
RIVER KAFU
3400
Bugondo
LAKE KYOGA
L. Salisbury
R. Kelim
R. NKUSI
Pallisa
BUKEDI
MBALE
MT. ELGON (MASABA) 14,178
Kitale
RIVER SEMLIKI
TORO
TEMBENDO
MENGO
Bukalasa
R. Sezibwa
VICTORIA NILE
R. MPOLOGOMA
BUGISU
FORT PORTAL
Mubende
Tororo
Eldoret
BUSOGA
RUWENZORI 16,794
Mityana
L. Wamala
Mukono
Jinja
KAMPALA
R. KATONGA
Kasese
Butere
Buvuma Islands
ENTEBBE
Kome Islands
L. GEORGE
Kisumu
L. EDWARD 2995
Sese Islands
Masaka
MASAKA
BUGANDA
KIGEZI
Mbarara
L. Kachira
ANKOLE
L. Nakivali
LAKE VICTORIA
3720
R. KAGERA
Ferry
Bukoba
Kabale
MUFUMBIRO 13,547
L. Ikimba
RUANDA URURDI
TANGANYIKA
BELGIAN CONGO
KENYA COLONY

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C O N T E N T S

INTRODUCTION

This Volume of tables supplements Vol. I of the 1958 Report published in August, 1959. It deals principally with the work of medical units, but, in Table XIV reference is also made to the treatment of leprosy at 'village' centres. For the first time tables are included covering the work in Mission Hospitals. Also for the first time a table is provided showing the proportional incidence of the main diseases diagnosed at Government Dispensaries in rural areas (Table No. XI).

As in previous years the principal causes of morbidity were infectious and parasitic diseases, diseases of the respiratory system and diseases of the digestive system, in that order.

As regards mortality, The Government units recorded the following figures for deaths in hospitals:-

all forms of pneumonia	380
malaria	249
intestinal obstruction and hernia	187
complications of pregnancy and child birth	178
undertermined fevers	129
kwashiorkor	129
pulmonary tuberculosis	121
enteritis	120
neoplasms	110

Mission Hospitals treated 31,833 in-patients compared with 96,366 in Government hospitals. Mortality experienced in them were as follows:-

all forms of pneumonia	144
malaria	63
intestinal obstruction and hernia	56
enteritis	46
neoplasms	43
kwashiorkor	34
complications of pregnancy and child birth	30
undetermined fevers	24

This follows much the same order as the figures for Government institutions but pulmonary tuberculosis and complications of child-birth come lower on the list, principally due to the fact that proportionally more of the severe and complicated cases are admitted to Government hospitals.

In considering the Dispensary figures in Table XI it must be remembered that virtually all the diagnoses are made by medical assistants or nursing orderlies. Nevertheless they cover more than twice the number of out-patients seen at Government hospitals and the majority come from rural communities living in the vicinity of units. The figures given should therefore provide a useful picture of the general trend of disease incidence in different parts of the Protectorate.

Malarial fever and respiratory infections are the main complaints in all districts. The highest figures for malaria come from:-

Bugisu	19.3%
Mengo	17.0%
Bukedi	16.6%

and the lowest from:-

Karamoja	8.6%
Bunyoro	8.4%
Kigezi	3.1%

The high figure of 14.7% for Ankole is to be noted as in many parts of this district the disease occurs only seasonally, but may then be severe.

The relative incidence of early syphilis and early yaws is of interest in view of the changing pattern shown by these diseases in recent years. The following contrasted figures are quoted:-

	Early Syphilis	Early Yaws
Mengo	1.30	0.41
Toro	1.33	1.60
West Nile	0.05	0.56
Lango	0.27	0.27
Karamoja	0.01	0.74
Ankole	0.64	1.20

Teso has the highest figure for gonorrhoea (7.5%) and West Nile the lowest (.04%).

Pneumonia and upper respiratory infections are generally more prevalent in the wetter areas but are still seen in considerable numbers in Karamoja. The same district presents a high figure for eye diseases, 9.6%, but this is surpassed by Madi with 14%.

Malnutrition in children of 5 and under is expressed as a percentage of the number of children of that age group. The highest incidence is reported from Busoga (4%) and Bukedi (3.9%), followed by Ankole (3%) and Mengo (2.1%). The Northern Province has the lowest incidence with an average of just over 1% but Karamoja went up to 1.6%. The Western Province gave an average of 1.8% with Ankole 3%.

Madi has the highest incidence of Tropical Ulcer with 11.8% followed by 5.2% in the adjoining West Nile district. The lowest figures are reported from Teso (1.8%) and Acholi (1%).

Table I

SUMMARY OF ALL MEDICAL BEDS
AS ON 31ST DECEMBER, 1958

	Government Hospitals	Mission Hospitals	Government Dispensaries and Maternity Units	Mission Dispensaries and Maternity Units	Military Hospitals	Industrial Hospitals	Private Nursing Homes	Prisons	TOTALS	Totals 1957
Kampala Area	1245	536	-	-	-	-	8	(Note 2)	1789	1739
Buganda (excluding Kampala area)	590	276	506	508	-	110	57	-	2047	1907
Eastern Province	788	213	869	520	28	125	26	24	2593	2518
Northern Province	510	197	421	160	-	-	-	-	1288	1025
Western Province	488	225	595	40	-	115	-	-	1463	1346
TOTALS:	3621	1447	2391	1228	28	350	91	24	9180	
Totals 1957:	3579	1708	2222	610	28	350	38			8535

NOTES: (1) A unit is only recorded as a hospital if it has a resident Doctor.

(2) Luzira Hospital with 26 beds is included under Government hospitals.
The Eastern Province Beds are 12 at Jinja and 12 at Tororo Prisons.

Table II

GOVERNMENT HOSPITALS

(Bed Strength as on 31.12.58.)

Hospital	Number and Category of Beds					Grading of Beds		
	General	Tuberculous & Infectious	Maternity	Mental	Total	A	B	C and D
Nakasero	92	-	25	-	117	52	65	-
Mulago	483	104	69	-	656	6	-	650
Mulago Mental	-	-	-	342	342	1	1	340
Butabika	-	-	-	104	104	-	-	104
Luzira Prison	26	-	-	-	26	-	-	26
KAMPALA	601	104	94	446	1245	59	66	1120
Entebbe	58	16	24	-	98	3*	4*	91
Bombo§	46	-	16	-	62	-	-	62
Mityana§	64	-	17	-	81	-	-	81
Masaka	166	58	61	-	285	-	8*	277
Mubende§	34	16	14	-	64	-	-	64
BUGANDA (Excluding Kampala)	368	90	132	-	590	3	12	575
Jinja	247	30	33	-	310	10*	23*	277
Namasagali	30	-	6	-	36	-	-	36
Mbale	143	18	22	-	183	4	2	177
Tororo	138	8	26	-	172	-	4	168
Soroti	67	6	14	-	87	-	6	81
EASTERN PROVINCE	625	62	101	-	788	14	35	739
Moroto	46	-	-	-	46	-	-	46
Lira	99	28	23	-	150	-	-	150
Gulu	73	9	24	-	106	-	-	106
Kitgum	48	2	9	-	59	-	-	59
Arua	55	27	6	-	88	-	-	88
Moyo	43	8	10	-	61	-	-	61
NORTHERN PROVINCE	364	74	72	-	510	-	-	510
Masindi	33	5	19	-	57	-	6	51
Hoima	34	4	14	-	52	-	-	52
Fort Portal	69	28	20	-	117	4	-	113
Mbarara	80	28	21	-	129	-	4	125
Kabale	82	39	12	-	133	-	3	130
WESTERN PROVINCE	298	104	86	-	488	4	13	471
PROTECTORATE TOTALS:	2256	434	485	446	3621	80	126	3415

§ Buganda Government

* Classified as 'general' beds but also available for maternity cases.

Table III.

GOVERNMENT HEALTH CENTRES, DISPENSARIES AND MATERNITY UNITS

BUGANDA (H.H. Kabaka's Government)

		BEDS		
		General	Maternity	Total
	MUBENDE			
	Kyannasoke	10	12	22
	Kibale	14	13	27
	Kakindu	4	-	4
	Madudu	2	-	2
5	Kakumiro	16	11	27
	MENGO			
	Kojja	-	-	-
	Nakifuma	-	-	-
	Kasangati	15	-	15
	Namulonge (Protectorate)	4	-	4
	Mengo Jail	12	-	12
	Kigo Prison	10	-	10
	Buikwe	20	12	32
	Mukono	16	4	20
	Kome Island	-	-	-
	Semuto	12	-	12
	Luwero	16	15	31
	Bowa	-	-	-
	Kalagala	-	-	-
	Nakasongola	5	-	5
	Kiboga	8	12	20
	Tondola	7	-	7
	Mpigi Health Centre	20	18	38
	Buwama	12	-	12
	Mwera	-	-	-
	Kitalya Prison Farm (Protectorate)	8	-	8
	Wakiso	4	-	4
	Buvuma Island	6	-	6
	Ntenjeru	8	20	28
24	Kassanda	-	-	-
	MASAKA			
	Bukasa	-	-	-
	Kalisizo	19	14	33
	Kakuto	20	10	30
	Kalungu	17	11	28
	Kalangala	7	4	11
	Kyebbe	17	-	17
	Lyantonde	17	-	17
	Rakai	16	-	16
	Sembabule	6	-	6
	Mutukula Prison (Protectorate)	2	-	2
TOTAL UNITS 39	TOTAL OF BEDS	350	156	506

EASTERN PROVINCE

		BEDS		
		General	Maternity	Total
	BUSOGA			
	Bugiri	28	-	28
	Buyende	24	-	24
	Kaliro	30	-	30
	Kamuli	24	-	24
	Kiyunga	24	-	24
	Namwenda	22	10	32
	Namungalwe	23	10	33
	Nsinze	22	12	34
9	Bugembe	-	20	20
	BUKEDI			
	Butaleja	30	12	42
	Nagongera	28	-	28
	Masafu	15	17	32
	Lumino	32	-	32
	Kamuge	46	12	58
6	Budaka Health Centre	34	12	46
	TESO			
	Bukedea	30	10	40
	Serere	50	12	62
	Kaberamaido	34	4	38
	Katakwi	14	13	27
	Amuria	22	15	37
	Apapai	-	-	-
	Mukura	-	-	-
	Kyere	-	-	-
	Magoro	-	-	-
	Orungo	-	-	-
	Tiriri	-	-	-
	Wera	-	-	-
	Akumu (Nariam)	-	-	-
	Ajeluk	-	-	-
15	Kumi	20	-	20
	BUGISU			
	Budadiri	44	20	64
	Bubulu	48	11	59
	Bukigai	16	9	25
	Muyembe	4	-	4
	Bukwa	4	-	4
	Atar	-	-	-
	Buwalasi	-	-	-
	Busiu	-	-	-
	Bupoto	2	-	2
	Nakupa	-	-	-
11	Buliganya	-	-	-
Total: Units 41	TOTAL OF BEDS	670	199	869

NORTHERN PROVINCE

		BEDS		
		General	Maternity	Total
	ACHOLI			
	Lira Kato	10	-	10
	Palabek	4	-	4
	Bobi	6	-	6
	Anaka	19	-	19
	Atanga	8	-	8
	Attiak	8	-	8
	Awach	10	-	10
	Awere	6	-	6
	Madi Opei	6	-	6
	Naam Okora	8	-	8
	Patongo	8	-	8
12	Pajule	12	-	12
	LANGO			
	Aboki	12	-	12
	Aduku	14	-	14
	Agwata	8	-	8
	Alebtong	12	-	12
	Amolotar	8	-	8
	Anyeke	12	-	12
	Bata	8	-	8
	Ibuje	8	-	8
	Orum	8	-	8
	Dokolo	20	-	20
11	Teboke	20	-	20
	WEST NILE			
	Logiri	12	-	12
	Yumbe	17	-	17
	Koboko	12	-	12
	Omugo	12	-	12
	Pakwach	12	-	12
	Rhino Camp	8	-	8
	Ajumani (Madi)	8	-	8
	Laropi (Madi)	8	-	8
	Payida	12	-	12
	Warr	12	-	12
	Angal	12	-	12
	Okollo	12	-	12
	Bondo	12	-	12
	Matuma	-	-	-
	Maracha	12	-	12
	Wandi	14	-	14
	Zaipi (Madi)	4	-	4
18	Obongi (Madi)	4	-	4
	KARAMOJA			
	Abim	-	-	-
	Kaangole	3	-	3
	Kaabong	-	-	-
	Karita	-	-	-
	Kotido	-	-	-
6	Nabilatuk	-	-	-
Total: 47 Units	TOTAL OF BEDS	421	-	421

Table III (cont.)

WESTERN PROVINCE

		BEDS		
		General	Maternity	Total
	BUNYORO			
	Ikoba (Bujenja)	-	-	-
	Kimengo	-	-	-
	Masindi Port	-	-	-
	Mutunda	-	-	-
	Bulisa	4	-	4
	Butiaba	8	-	8
	Kiryandongo	8	-	8
	Kabwoya	2	-	2
	Kikube	2	-	2
	Kyabigambire	-	-	-
	Kigorobya	-	-	-
12	Kigumba	-	-	-
	TORO			
	Butiti	-	11	11
	Bundibugyo	6	-	6
	Bwera	8	-	8
	Katwe	5	-	5
	Kisomoro Health Centre	6	11	17
	Kyegegwa	6	-	6
	Kyenjojo	22	-	22
	Nyabirongo	4	10	14
	Kijura	5	-	5
	Kasule	13	-	13
	Kahunge	4	-	4
12	Bugoye	-	-	-
	ANKOLE			
	Nsika	-	-	-
	Bushenyi	16	12	28
	Kabwohe	15	9	24
	Kinoni	16	8	24
	Chitwe	18	-	18
	Rubale	18	10	28
	Ruhoko	17	10	27
	Rwashamaire	16	9	25
	Kiruhura	12	-	12
	Rugazi	18	-	18
11	Mabona	-	-	-
	KIGEZI			
	Nyarurambi	22	-	22
	Rukungiri	36	8	44
	Kisizi	24	-	24
	Mpalo	28	-	28
	Bukinda	24	-	24
	Bufundi	7	-	7
	Kanungu	19	5	24
	Kisoro	18	5	23
	Katete	20	-	20
	Rubaya	19	-	19
11	Bugangali	21	-	21
Total: 46 Units	TOTAL OF BEDS	487	108	595

NOTES

(i) A Health Centre performs all the work of a combined Dispensary and Maternity Unit. In addition it supplies an integrated curative and preventive service in the neighbourhood. Resident Staff include a Medical Assistant, a Health Inspector (E.A), a Midwife and an Assistant Health Visitor.

(ii) All units see general out-patients except Bugembe, Busoga (which functions solely as a Maternity Unit), Kitalya Prison Farm and Mutukula Prison.

Table IV

NON-GOVERNMENT MEDICAL UNITS

BUGANDA

(Kampala Area)

	Authority	Category	BEDS		
			General	Maternity	Total
KAMPALA AREA					
Mengo	Board of Governors	Hosp.	143	53	196
Nsambya	R.C.M.	Hosp.	175	75	250
Rubaga	R.C.M.	Hosp.	70	20	90
Kampala	Sikh Society	S.D.	-	-	-
11 Namirembe Rd.	Aga Khan Community	S.D.	-	-	-
5 Katongo Rd.	Mrs.Vasant	N.H.	-	8	8
TOTAL			388	156	544

Table IV (cont.)

BUGANDA

(Excluding Kampala)

	Authority (i)	Category (ii)	BEDS		
			General	Maternity	Total
MENGO					
Kisubi	R.C.M.	Hosp.	126	36	162
Nkozi	R.C.M.	Hosp.	28	65	93
Kitovu	R.C.M.	Hosp.	21	-	21
Nkokonjeru	R.C.M.	D & M.U.	38	22	60
Nagalama	R.C.M.	D & M.U.	56	20	76
Bukalagi	R.C.M.	S.D & M.U.	-	11	11
Mitala-Maria	R.C.M.	S.D & M.U.	-	32	32
Namugunga	R.C.M.	D & M.U.	3	18	21
Gayaza	R.C.M.	S.D & M.U.	-	13	13
Katende	R.C.M.	S.D & M.U.	-	14	14
Nyenga	R.C.M.	S.D & M.U.	-	16	16
Nandere	R.C.M.	S.D.	-	-	-
Namilyango	R.C.M.	D & M.U.	5	14	19
Bugema	S.D.A.	S.D.	-	-	-
Kireka	S.D.A.	S.D.	-	-	-
Ngogwe	Mengo Hosp.	S.D & M.U.	-	10	10
Mukono	Mengo Hosp.	S.D & M.U.	-	24	24
Lutete	Mengo Hosp.	S.D & M.U.	-	10	10
Kapeka	Mengo Hosp.	S.D & M.U.	-	10	10
MUBENDE					
Nakindu	R.C.M.	S.D & M.U.	-	14	14
MASAKA					
Villa Maria	R.C.M.	D & M.U.	78	60	138
Bikira	R.C.M.	S.D & M.U.	-	21	21
Kabuwoko	Mengo Hosp.	S.D & M.U.	-	19	19
Kunonya	Drs.Kafero, Kununka & Kiseka	N.H.	28	-	28
Kawempe	Dr.Sembeguya	N.H.	5	-	5
Kako	Dr.Kyewalyanga	N.H.	13	3	16
Bukomansimbi	Miss Namazzi	N.H.	-	8	8
TOTAL			401	440	841

Table IV (cont.)

EASTERN PROVINCE

	Authority (i)	Category (ii)	BEDS		
			General	Maternity	Total
BUSOGA					
Kamuli	R.C.M.	Hosp.	69	36	105
Iganga	R.C.M.	D & M.U.	35	31	66
Iganga	Mengo Hosp.	S.D. & M.U.	-	18	18
Budini	R.C.M.	D & M.U.	15	41	56
Jinja	Dr.Cholera	N.H.	16	4	20
Jinja	Drs. Sanade and Kati	N.H.	2	4	6
BUGISU					
Sipi	R.C.M.	D & M.U.	18	1	19
Nyondo	R.C.M.	D & M.U.	28	2	30
Magale	R.C.M.	D & M.U.	44	10	54
Budadiri	R.C.M.	D & M.U.	-	-	-
TESO					
Ngora Freda Carr	C.M.S.	Hosp.	88	20	108
Lwala	R.C.M.	D & M.U.	31	56	87
Toroma	R.C.M.	S.D.	-	-	-
Ngora	R.C.M.	S.D & M.U.	-	22	22
Bukedea	R.C.M.	S.D.	-	-	-
Madera	R.C.M.	M.U.	-	16	16
Kumi	C.M.S.	M.U. (domiciliary)	-	-	-
BUKEDI					
Budaka	R.C.M.	S.D.& M.U.	-	10	10
Nagongera	R.C.M.	D.& M.U.	25	12	37
Dabani	R.C.M.	D,& M.U.	28	22	50
Tororo	R.C.M.	S.D,& M.U.	-	24	24
Pallisa	R.C.M.	S.D,& M.U.	-	31	31
TOTAL			399	360	759

NORTHERN PROVINCE

	Authority (i)	Category (ii)	BEDS		
			General	Maternity	Total
ACHOLI					
Kalongo	R.C.M.	Hosp.	36	52	88
Padibe	R.C.M.	S.D.	-	-	-
Gulu	R.C.M.	S.D.	-	-	-
Kitgum	R.C.M.	S.D & M.U.	-	90	90
WEST NILE					
Angal	R.C.M.	Hosp.	30	18	48
Kuluva	A.I.M.	Hosp.	52	8	60
Lodonga	R.C.M.	D.	11	-	11
Nyapea	R.C.M.	S.D.	-	-	-
Goli	A.I.M.	S.D & M.U.	-	12	12
LANGO					
Aber	R.C.M.	D & M.U.	2	45	47
Ngetta	R.C.M.	S.D.	-	-	-
Aliwang	R.C.M.	S.D.	-	-	-
KARAMOJA					
Amudat	B.C.M.	Hosp.	1	-	1
Morulem	R.C.M.	S.D.	-	-	-
TOTAL			132	225	357

Table IV (cont.)

WESTERN PROVINCE

	Authority (i)	Category (ii)	BEDS		
			General	Maternity	Total
TORO					
Virika	R.C.M.	Hosp.	86	20	106
Kabarole	N.A.C.	S.D & M.U.	-	24	24
Butiti	R.C.M.	S.D.	-	-	-
Ruwenzori	S.D.A.	D.	4	-	4
Kagorogoro	S.D.A.	S.D.	-	-	-
KIGEZI					
Mutolere	R.C.M.	Hosp.	28	6	34
Kisizi	C.M.S.	Hosp.	-	-	-
Nyakibale	R.C.M.	S.D.	-	-	-
ANKOLE					
Ankole	S.D.A.	Hosp.	75	10	85
Butale	R.C.M.	S.D.	-	-	-
Mushanga	R.C.M.	S.D.	-	-	-
BUNYORO					
Bujumbura	R.C.M.	S.D.& M.U.	-	12	12
TOTAL			193	72	265

Note (i)

A.I.M.	African Inland Mission
B.C.M.	Bible Churchman's Mission
C.M.S.	Church Missionary Society
N.A.C.	Native Anglican Church
R.C.M.	Roman Catholic Missions
S.D.A.	Seventh Day Adventist Mission

Note (ii)

Hosp.	Hospital (with a resident doctor)
D.	Dispensary (with beds)
S.D.	Sub-Dispensary (without beds)
M.U.	Maternity Unit
N.H.	Nursing Home

Table V

SUMMARY OF PATIENTS TREATED AT GOVERNMENT INSTITUTIONS

		Buganda Province	Eastern Province	Northern Province	Western Province	TOTAL
IN-PATIENTS:						
Hospitals:	Europeans	1,098	301	-	16	1,415
	Asians	1,738	626	31	91	2,486
	Africans	36,696	24,519	15,277	15,973	92,465
	All Races	39,532	25,446	15,308	16,080	96,366
Dispensaries:		18,798	29,955	12,169	17,497	78,419
TOTAL ADMISSIONS		58,330	55,401	27,477	33,577	174,785
NEW OUT-PATIENTS:						
Hospitals:	Europeans	14,322	6,372	1,182	1,137	23,013
	Asians	9,532	9,119	592	899	20,142
	Africans	442,772	299,067	210,340	204,637	1,156,816
	All Races	466,626	314,558	212,114	206,673	1,199,971
Dispensaries:		478,241	804,064	679,473	502,949	2,464,727
TOTAL NEW OUT-PATIENTS		944,867	1,118,622	891,587	709,622	3,664,698
Re-attendances:	Hospitals	438,580	164,882	282,869	184,470	1,070,801
	Dispensaries	530,647	516,683	772,473	406,929	2,226,732
TOTAL ATTENDANCES		1,914,094	1,800,187	1,946,929	1,301,021	6,962,231
DEATHS						
Hospitals:	Europeans	9	3	-	-	12
	Asians	29	21	2	5	57
	Africans	1,444	1,194	562	395	3,595
	All Races	1,482	1,218	564	400	3,664
Dispensaries:		664	990	915	246	2,815
TOTAL DEATHS:		2,146	2,208	1,479	646	6,479

Table VI

DISEASES OF OUT-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	Diseases	AFRICANS No. of Cases Male	AFRICANS No. of Cases Female	ASIANS No. of Cases M & F	EUROPEANS No. of Cases M & F	TOTAL
1.	Tuberculosis of the respiratory system	1,077	494	9	3	1,583
2.	Other tuberculous diseases	97	96	1	2	196
3.	Syphilis	7,797	5,239	2	-	13,038
4.	Gonorrhoea	23,437	10,171	4	4	33,616
5.	Other Venereal Diseases	3,998	2,756	-	2	6,756
6.	Fevers not otherwise specified	10,662	7,075	250	220	18,216
7.	Bacillary dysentry	3,216	2,206	97	33	5,552
8.	Amoebic dysentry	260	224	8	6	498
9.	Diphtheria	2	-	-	-	2
10.	Whooping Cough	3,424	3,089	44	26	6,583
11.	Meningitis (except tuberculous)	18	10	-	-	28
12.	Plague	-	-	-	-	-
13.	Leprosy	582	419	-	-	1,001
14.	Tetanus	24	16	-	1	41
15.	Anthrax	1	2	-	-	3
16.	Acute poliomyelitis	189	114	-	-	303
17.	Smallpox: (a) Variola major	4	1	-	-	5
	Variola minor	28	7	-	-	35
18.	Measles	1,397	917	56	72	2,442
19.	Mumps	790	476	24	72	1,462
20.	Malaria: (a) Benign tertian (vivax)	41	38	9	1	89
	(b) Quartan (malariae)	63	50	-	-	113
	(c) Malignant tertian (falciparum)	19,943	15,913	311	67	36,234
	(d) Other unspecified malaria	70,738	64,020	1,598	219	126,575
21.	Blackwater fever	-	-	-	-	-
22.	Schistosomiasis: (a) Vesical	121	66	-	-	187
	(b) Intestinal	978	662	-	2	1,642
23.	Onchocerciasis	386	117	-	7	510
24.	Ankylostomiasis	5,858	4,372	32	2	10,264
25.	Guinea worm	187	101	2	-	290
26.	Other helminthic diseases	7,386	5,017	74	73	12,550

Table VI (cont.)

List No.	Diseases	AFRICANS No. of Cases Male	AFRICANS No. of Cases Female	ASIANS No. of Cases M & F	EUROPEANS No. of Cases M & F	TOTAL
27.	Relapsing Fever	5	5	-	-	10
28.	Yaws	5,024	3,457	-	-	8,481
29.	Chicken Pox	1,206	738	15	19	1,978
30.	Trachoma	3,448	3,058	30	-	6,536
31.	Other diseases of eye and adnexa (except Ophthalmia neonatorum)	22,159	15,846	541	414	38,960
32.	Trypanosomiasis: (a) T.gambiense	-	-	92	-	92
	(b) T.rhodesiense	5	2	-	-	7
	(c) Unspecified	14	1	-	-	15
33.	Tinea	2,193	1,158	18	37	3,406
34.	Scabies	8,577	4,926	15	1	13,519
35.	Cancer and other tumours: (a) Malignant including leukaemia	454	217	15	2	688
	(b) Benign and unspecified	225	784	6	5	1,020
36.	Asthma	1,128	586	239	86	2,039
37.	Diabetes	42	6	50	20	118
38.	Vitamin deficiency states	1,192	940	29	5	2,166
39.	Diseases of blood and blood forming organs	1,488	895	43	40	2,466
40.	Cerebral vascular lesions	2	3	-	2	7
41.	Mental disorders	404	451	19	36	910
42.	Epilepsy	146	58	5	2	211
43.	Other diseases of the nervous system	3,484	2,085	160	300	6,029
44.	Disease inflammatory of ear and mastoid sinus	11,168	7,891	115	420	19,594
45.	Diseases of the circulatory system: (a) Heart disease	1,058	614	15	46	1,729
	(b) Other circulatory diseases	700	400	60	51	1,211
46.	Pneumonia: (a) Lobar pneumonia	2,362	1,435	25	-	3,822
	(b) Bronchopneumonia	1,970	1,210	77	8	3,265
47.	Other diseases of the respiratory system	77,535	55,452	3,531	2,317	138,835
48.	Diseases of teeth and gums: (a) Caries	9,515	6,240	1,222	4,969	21,946
	(b) Other conditions	10,576	5,972	1,200	4,235	21,983
49.	Appendicitis	6	9	12	18	45
50.	Intestinal obstruction and hernia	2,753	981	3	7	3,742

Table VI (cont.)

List No.	Diseases	AFRICANS No. of Cases Male	AFRICANS No. of Cases Female	ASIANS No. of Cases M & F	EUROPEANS No. of Cases M & F	TOTAL
51.	Gastro-enteritis (over 4 weeks old)	6,699	5,928	95	259	12,981
52.	Cirrhosis of the liver	81	36	1	2	120
53.	Other diseases of liver and bile passage	133	92	27	33	284
54.	Other diseases of digestive system	48,563	41,352	531	845	91,291
55.	Nephritis	81	104	7	5	197
56.	Hydrocele	1,235	-	3	-	1,238
57.	Other diseases of genito-urinary system	3,781	9,051	163	658	13,653
58.	Diseases of pregnancy, childbirth and the puerperal state:					
	(a) abortion	-	949	13	24	986
	(b) toxaemias of pregnancy	-	84	4	6	94
	(c) other conditions	-	5,380	177	91	5,648
59.	Arthritis and rheumatism	13,703	10,206	255	153	24,317
60.	Chronic ulcer of leg	26,948	11,928	64	10	38,950
61.	(a) Other diseases of skin	27,340	19,679	632	1,072	48,723
	(b) Other diseases of musculo-skeletal system	9,522	6,408	316	277	16,513
62.	Congenital malformations and diseases of early infancy:	8	5	-	-	13
	(a) Diarrhoea of new-born	1,098	881	4	9	1,992
	(b) Ophthalmia neonatorum	31	25	1	1	58
	(c) Immaturity	4	22	-	5	31
	(d) All other malformations and diseases of early infancy	582	287	2	12	883
63.	Fractures & dislocations except where classifiable under item 64	3,137	1,432	49	131	4,749
64.	Injuries by animals or insects	2,877	1,519	44	204	4,644
65.	Other wounds and superficial injuries (excluding burns)	52,323	22,365	548	600	75,836
66.	Effects of foreign bodies	2,656	1,411	18	26	4,111
67.	Burns and Scalds	4,376	5,446	64	29	9,915
68.	Poisoning	96	96	-	8	200
69.	All other injuries from external causes	24,526	11,608	117	72	36,323
70.	(a) Ill-defined conditions	43,115	32,224	519	906	76,764
	(b) Examinations and prophylactic injections	54,834	79,831	6,431	3,728	144,824
	TOTAL	659,384	497,432	20,142	23,013	1,199,971

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 1. Tuberculosis of respiratory system	868	407	96	24	16	1	1	-	1292	121
A 2. Tuberculosis of meninges and central nervous system	11	5	5	3	1	-	-	-	17	8
A 3. Tuberculosis of intestines, peritoneum and mesenteric glands	16	20	4	1	-	-	-	-	36	5
A 4. Tuberculosis of bones and joints	90	48	3	3	4	-	-	-	142	6
A 5. Tuberculosis, all other forms	49	28	3	1	3	-	-	-	80	4
A 6. Congenital syphilis	24	17	3	2	-	-	-	-	41	5
A 7. Early syphilis (I and II)	30	71	-	-	-	-	-	-	101	-
A 8. Tabes dorsalis	2	1	-	-	-	-	-	-	3	-
A 9. General paralysis of insane	15	1	2	1	-	-	-	-	16	3
A 10.All other syphilis	52	27	3	-	1	-	-	-	80	3
A 11.Gonococcal infections -										
(a) Genito-urinary	542	313	20	1	-	-	-	-	855	21
(b) Ophthalmic	81	66	-	-	-	-	-	-	147	-
(c) Other forms	71	15	-	-	-	-	-	-	86	-
A 12.Typhoid fever	434	224	46	14	11	-	8	-	677	60
A 13.Paratyphoid fever and other Salmonella infections	6	1	2	-	-	-	-	-	7	2
A 14.Cholera	-	-	-	-	-	-	-	-	-	-
A 15.Brucellosis (undulant fever)	33	19	1	-	-	-	-	-	52	1
A 16. (a) Bacillary dysentry	528	294	17	7	6	-	4	-	832	24
A 17. (b) Amoebiasis (excluding symptomless cyst carriers)	131	70	10	-	3	-	21	-	225	10
(c) Other unspecified forms of dysentry	124	100	5	5	1	-	12	-	237	10
A 17. Scarlet Fever	-	-	-	-	-	-	-	-	-	-
A 18. Streptococcal sore throat	6	10	-	-	-	-	5	-	21	-
A 19. Erysipelas	2	1	-	-	-	-	1	-	4	-
A 20. Septicaemia and pyaemia	18	11	7	7	1	-	1	-	31	14
A 21. Diphtheria	3	1	-	-	2	-	-	-	6	-

Table VII (cont.)

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 22. Whooping Cough	351	483	12	18	-	-	1	-	835	30
A 23. Meningococcal infections	47	29	12	8	1	-	-	-	77	20
A 24. Plague	-	-	-	-	-	-	-	-	-	-
A 25. Leprosy	23	13	1	-	-	-	-	-	36	1
A 26. Tetanus	105	62	52	40	-	-	-	-	168	92
A 27. Anthrax	12	4	1	-	-	-	-	-	16	1
A 28. Acute poliomyelitis	46	38	2	-	-	-	1	-	85	2
A 29. Acute infectious encephalitis	6	5	2	-	1	1	1	-	13	3
A 30. Late effects of acute poliomyelitis and acute infectious encephalitis	19	8	-	-	1	-	-	-	28	-
A 31. Smallpox:										
(a) Variola major	4	1	-	-	-	-	-	-	5	-
(b) Variola minor	29	18	2	-	-	-	-	-	47	2
A 32. Measles	266	255	5	2	1	-	9	-	531	7
A 33. Yellow Fever	-	-	-	-	-	-	-	-	-	-
A 34. Infectious hepatitis	121	64	18	6	3	-	4	-	192	24
A 35. Rabies	-	-	-	-	-	-	-	-	-	-
A 36. Typhus:										
(a) Louse-borne (epidemic) typhus	-	-	-	-	-	-	-	-	-	-
(b) Flea-borne (murine) typhus	8	4	-	-	-	-	-	-	12	-
(c) Tick-borne typhus	-	3	-	-	3	-	8	-	14	-
(d) Unspecified typhus	3	-	1	-	-	-	1	-	4	1
(e) Other rickettsial diseases	-	-	-	-	-	-	2	-	2	-
A 37. Malaria:										
(a) Vivax malaria (benign tertian)	13	19	-	2	2	1	6	-	40	3
(b) Malariae malaria (quartan)	19	27	-	-	1	-	-	-	47	-
(c) Falciparum malaria (malignant tertian)	2,429	2,371	77	85	13	-	51	2	4,864	164
(d) Other unspecified malaria	2,217	1,992	45	40	60	-	27	-	4,296	85
(e) Blackwater fever	21	8	1	-	1	1	-	-	30	2

Table VII (cont.)

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	*Deaths		
A 38. Schistosomiasis:										
(a) Vesical	17	2	-	-	1	-	1	-	21	-
(b) Intestinal	171	116	4	1	1	-	5	-	293	5
A 39. Hydatid disease	-	-	-	-	2	-	-	-	2	-
A 40. (a) Onchocerciasis	123	32	-	1	-	-	4	-	159	1
(b) Loiasis	-	-	-	-	-	-	-	-	-	-
(c) Filariasis (bancrofti)	4	1	-	-	-	-	-	-	5	-
A 41. Ankylostomiasis	633	760	20	9	1	-	-	-	1,394	29
A 42. (a) Tapeworm	71	42	-	-	-	-	4	-	117	-
(b) Ascaris	123	136	1	1	2	-	-	-	261	2
(c) Guinea Worm	19	5	-	-	-	-	-	-	24	-
(d) Other helminths	29	16	-	-	-	-	-	-	45	-
A 43. (a) Lymphogranuloma venereum	7	29	-	-	-	-	-	-	36	-
(b) Granuloma inguinale, venereal	16	8	-	1	-	-	-	-	24	1
(c) Other and unspecified venereal diseases	54	48	1	-	-	-	-	-	102	1
(d) Food poisoning infection and intoxication (excluding Salmonella infections)	14	6	1	-	-	-	2	-	22	1
(e) Relapsing Fever	23	13	1	-	-	-	-	-	36	1
(f) Leptospirosis (Weil's disease)	-	-	-	-	-	-	-	-	-	-
(g) Yaws	42	34	-	-	-	-	-	-	76	-
(h) Chickenpox	53	30	-	-	1	-	1	-	85	-
(i) Dengue	-	1	-	-	-	-	-	-	1	-
(j) Trachoma	468	690	-	-	-	-	-	-	1,158	-
(k) Sandfly Fever	-	2	-	-	-	-	-	-	2	-
(l) Leishmaniasis	12	4	6	-	-	-	-	-	16	6
(m) Trypanosomiasis (i) T.gambiense	62	38	1	2	-	-	-	-	100	3
(ii) T.rhodesiense	22	3	2	-	-	-	-	-	25	2
(iii) Unspecified	23	7	4	1	-	-	-	-	30	5

Table VII (cont.)

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 43. (cont.)										
(n) Tinea	11	12	-	-	-	-	-	-	23	-
(o) Scabies	43	30	-	-	1	-	-	-	74	-
(p) All other parasitic diseases	41	19	1	1	1	-	-	-	61	2
A 44. Malignant neoplasm of										
- buccal cavity and pharynx	14	7	-	-	-	-	-	-	21	-
A 45. - oesophagus	4	2	2	1	2	-	-	-	8	3
A 46. - stomach	22	21	5	3	4	1	-	-	47	9
A 47. - intestine, except rectum	4	2	2	-	1	-	1	-	8	2
A 48. - rectum	8	2	2	-	1	-	-	-	11	2
A 49. - larynx	7	3	-	1	-	-	-	-	10	1
A 50. - trachea, and of bronchus and lung not specified as secondary	5	-	-	-	1	-	1	-	7	-
A 51. - breast	7	45	-	2	-	-	4	-	56	2
A 52. - cervix uteri	-	86	-	2	-	-	1	1	87	3
A 53. - other and unspecified parts of uterus	-	10	-	-	2	1	1	-	13	1
A 54. - (a) prostate	30	-	3	-	2	-	1	-	33	3
- (b) penis	87	-	1	-	-	-	-	-	87	1
A 55. - skin	41	16	4	3	-	-	-	-	57	7
A 56. - bone and connective tissue	84	47	3	2	1	-	-	-	132	5
A 57. - other unspecified sites	136	74	27	5	2	-	2	-	214	32
A 58. Leukaemia and aleukaemia	18	10	7	2	3	1	-	-	31	10
A 59. Neoplasms of lymphatic and haematopoietic system	43	19	13	1	-	-	-	-	62	14
A 60. Benign and unspecified neoplasms	148	848	2	13	7	-	4	-	1,007	15
A 61. Non-toxic goitre	9	26	-	-	3	-	-	-	38	-
A 62. Thyrotoxicosis with or without goitre	5	3	1	-	-	-	5	-	13	1
A 63. Diabetes mellitus	87	50	8	3	34	-	7	-	178	11
A 64. (a) Beriberi	9	5	-	-	-	-	-	-	14	-
(b) Pellagra	6	1	1	-	-	-	-	-	7	1
(c) Scurvy	8	10	3	1	1	1	-	-	19	5

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 64. (d) Kwashiorkor	599	587	58	71	-	-	-	-	1,186	129
(e) Other deficiency states	109	92	11	8	-	-	1	-	202	19
A 65. (a) Hyperchromic anaemias	23	12	2	3	4	-	1	-	40	5
(b) Hypochromic anaemias	224	309	14	18	6	-	-	-	539	32
(c) Other unspecified anaemias	275	359	38	45	7	1	3	-	644	84
A 66. (a) Asthma	258	141	4	2	38	1	15	-	452	7
(b) All other allergic disorders, endocrine, metabolic and blood diseases	132	88	8	5	9	-	12	-	241	13
A 67. Psychoses	479	244	2	2	17	-	5	-	745	4
A 68. Psychoneuroses and disorders of personality	112	58	1	1	11	-	13	-	194	3
A 69. Mental deficiency	32	20	-	-	5	1	-	-	57	1
A 70. Vascular lesions affecting central nervous system	86	33	15	1	8	2	7	1	134	19
A 71. Meningitis (except meningococcal and tuberculous)	179	114	66	45	3	1	1	-	297	112
A 72. Disseminated sclerosis	1	-	-	-	-	-	1	-	2	-
A 73. Epilepsy	86	20	4	-	5	1	3	-	114	5
A 74. Inflammatory diseases of eye	292	178	-	-	18	-	3	-	491	-
A 75. Cataract	142	65	-	-	10	-	2	-	219	-
A 76. Glaucoma	44	34	-	-	3	-	2	-	83	-
A 77. (a) Otitis externa	14	11	-	-	-	-	3	-	28	-
(b) Otitis media and mastoiditis	61	53	2	2	4	-	4	-	122	4
(c) Other inflammatory diseases of the ear	8	4	-	-	3	-	4	-	19	-
A 78. (a) All other diseases and conditions of the eye	574	280	1	-	31	-	1	-	886	1
(b) All other diseases of the nervous system and sense organs	122	66	7	4	10	-	4	-	202	11
A 79. Rheumatic fever	13	11	-	1	8	-	2	-	34	1
A 80. Chronic rheumatic heart disease	55	52	12	9	7	2	1	-	115	11
A 81. Arteriosclerotic and degenerative heart disease	18	7	-	2	4	1	8	4	37	7

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 82. (a) Disease of heart or aorta	99	50	36	12	-	-	1	-	150	12
(b) Other diseases of heart	174	156	41	27	16	4	2	-	348	72
A 83. Hypertension with heart disease	65	42	5	3	17	2	3	-	127	10
A 84. Hypertension without mention of heart	12	10	1	-	25	1	4	-	51	2
A 85. Diseases of arteries	10	7	2	-	3	-	3	-	23	2
A 86. Other diseases of circulatory system	68	30	6	2	21	-	17	1	136	9
A 87. Acute upper respiratory infections	1,155	966	28	21	40	-	33	-	2,194	49
A 88. Influenza	54	39	-	1	-	-	9	-	102	1
A 89. Lobar Pneumonia	1,337	773	93	48	16	1	4	-	2,130.	142
A 90. Bronchopneumonia	1,156	1,199	112	124	24	2	3	-	2,382	238
A 91. Primary atypical, other and unspecified pneumonia	219	137	16	11	6	-	4	-	366	27
A 92. Acute bronchitis	497	456	4	6	6	-	4	-	963	10
A 93. Bronchitis, chronic and unqualified	148	107	2	1	8	1	5	-	268	4
A 94. Hypertrophy of tonsils and adenoids	128	115	3	2	45	-	79	-	367	5
A 95. Empyema and abscess of lung	52	10	11	1	-	-	-	-	63	12
A 96. Pleurisy	53	13	-	-	5	-	2	-	73	-
A 97. (a) Pneumonoconiosis	2	2	-	-	-	-	-	-	4	-
(b) All other respiratory diseases	171	122	4	2	10	1	7	-	310	7
A 98. (a) Dental Caries	36	18	-	-	7	-	10	-	71	-
(b) All other diseases of teeth and gums	43	32	-	-	3	-	4	-	82	-
A 99. Ulcer of stomach	69	24	5	1	1	-	8	1	102	7
A 100. Ulcer of duodenum	49	21	3	-	11	-	13	-	94	3
A 101. Gastritis and duodenitis	84	85	3	3	11	-	13	-	193	6
A 102. Appendicitis	32	16	1	-	60	-	26	-	134	1
A 103. Intestinal obstruction and hernia	2,442	660	151	36	29	-	12	-	3,143	187
A 104. (a) Gastro-enteritis and colitis (4 weeks and over)	713	661	71	47	16	2	6	-	1,396	120
(b) Chronic enteritis and ulcerative colitis	42	58	2	2	8	-	18	-	126	4

	AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
	Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 105. Cirrhosis of liver	225	100	44	10	5	2	-	-	330	56
A 106. Cholelithiasis and cholecystitis	12	4	-	-	5	-	21	-	42	-
A 107. Other diseases of digestive system	725	604	52	31	45	-	52	-	1,426	83
A 108. Acute nephritis	68	63	13	7	2	-	3	-	136	20
A.109. Chronic, other and unspecified nephritis	107	77	21	13	5	1	2	-	191	35
A 110. Infections of kidney	65	94	13	2	6	-	7	-	172	15
A 111. Calculi of urinary system	5	2	-	21	21	-	22	-	50	-
A 112. Hyperplasia of prostate	52	-	2	-	11	1	3	-	66	3
A 113. Disease of breast	2	104	-	-	3	-	6	-	115	-
A 114. (a) Hydrocele	348	-	2	-	3	-	1	-	352	2
(b) Disorders of menstruation	-	351	-	-	99	-	50	-	500	-
(c) All other diseases of the genito-urinary system	1,115	2,342	71	21	139	-	88	-	3,684	92
A 115. Sepsis of pregnancy, childbirth and the puerperium	-	378	-	12	4	-	3	-	385	12
A 116. Toxaemias of pregnancy and the puerperium	-	112	-	7	13	1	5	-	130	8
A 117. Haemorrhage of pregnancy and childbirth	-	495	-	23	21	1	13	1	529	25
A 118. Abortion without mention of sepsis or toxaemia	-	2,423	-	10	51	-	30	-	2,504	10
A 119. Abortion with sepsis	-	293	-	5	5	-	-	-	296	5
A 120. (a) Other complications of pregnancy, childbirth and the puerperium	-	4,204	-	176	102	2	11	-	4,317	178
(b) Delivery without complications	-	12,110	-	2	624	-	197	-	12,931	2
A 121. Infections of skin and subcutaneous tissue	1,267	731	18	5	39	-	17	1	2,054	24
A 122. Arthritis and spondylitis	347	128	3	1	4	-	8	-	485	4
A 123. Muscular rheumatism unspecified	119	55	-	-	2	-	4	-	180	-
A 124. Osteomyelitis and periostitis	179	95	1	2	15	-	1	-	290	3
A 125. Ankylosis and acquired musculo-skeletal deformities	20	6	-	-	-	-	3	-	29	-
A 126. (a) Chronic ulcer of leg	499	258	1	2	1	-	1	-	759	3
(b) All other diseases of skin	318	188	2	1	9	-	5	-	520	3
(c) All other diseases of musculo-skeletal system	460	185	7	1	10	-	8	-	663	8

		AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
		Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
A 127.	Congenital malformations -										
	- Spina bifida and meningocele	12	10	1	2	4	-	1	-	27	3
A 128.	- circulatory system	4	3	-	2	-	-	2	-	9	2
A 129.	- all others	41	26	4	4	1	-	2	-	70	8
A 130.	Birth injuries	15	13	11	10	-	-	-	-	28	21
A 131.	Diseases of newborn (under 4 weeks)										
	- asphyxia and atelectasis	20	30	10	17	-	-	-	-	50	27
A 132.	- (a) Diarrhoea	43	30	2	1	1	-	1	-	75	3
	- (b) Ophthalmia	36	46	-	-	-	-	-	-	82	-
	- (c) Other infections	21	22	3	4	-	-	-	-	43	7
A 133.	Haemolytic disease	6	4	1	2	-	-	-	-	10	3
A 134.	Other defined diseases	23	35	7	2	-	-	-	-	60	9
A 135.	Ill-defined diseases and immaturity	193	213	47	43	2	1	2	-	410	91
A 136.	Senility without mention of phsychosis	19	16	2	2	-	-	-	-	35	4
A 137.	(a) Pyrexia of unknown origin	1,262	927	84	44	24	1	45	-	2,258	129
	(b) Observation, without need for further medical care	640	1,771	3	3	39	-	65	-	2,515	6
	(c) All other ill-defined causes of morbidity	1,764	1,299	35	26	89	3	14	-	3,166	64
AN 138.	Fracture of skull	203	42	45	6	12	2	2	-	259	53
AN 139.	Fracture of spine and trunk	168	24	11	2	10	-	5	-	207	13
AN 140.	Fracture of limbs	1,417	426	41	5	69	-	27	-	1,939	46
AN 141.	Dislocation without fracture	181	46	-	-	6	-	5	-	338	-
AN 142.	Sprains and strains of joints and muscles	152	31	-	-	8	-	16	-	207	-
AN 143.	Head injury (excluding fracture)	370	66	56	5	26	-	14	-	476	61
AN 144.	Internal injury of chest, abdomen and pelvis	160	29	34	10	4	2	2	-	195	46
AN 145.	Laceration and open wounds	2,062	550	10	4	50	-	12	-	2,674	14
AN 146.	Superficial injury, contusion and crushing with intact skin surface	840	286	3	-	15	-	24	-	1,165	3

Table VII (Cont.)

		AFRICAN				ASIAN		EUROPEAN		Total for the year 1958	Deaths
		Male	Female	Deaths Male	Deaths Female	Male & Female	Deaths	Male & Female	Deaths		
AN 147.	Effects of foreign body entering through orifice	120	44	2	3	7	-	1	-	172	5
AN 148.	Burns and scalds	512	345	38	26	34	4	8	-	899	68
AN 149.	Effects of poisons	280	221	8	7	15	3	4	-	520	18
AN 150.	All other and unspecified effects of external causes	167	76	2	-	16	-	7	-	266	2
TOTAL:		41,259	51,206	2,139	1,456	2,486	57	1,415	12	96,366	3,664

Table VIII

DISEASES OF OUT-PATIENTS ATTENDING MISSION HOSPITALS

List No.	Diseases	Male	Female	Total
1.	Tuberculosis of the respiratory system	219	139	358
2.	Other tuberculous diseases	35	27	62
3.	Syphilis	1,787	1,591	3,378
4.	Gonorrhoea	2,000	1,502	3,502
5.	Other venereal diseases	47	27	74
6.	Fevers not otherwise specified	1,272	963	2,235
7.	Bacillary dysentery	546	687	1,233
8.	Amoebic dysentery	537	616	1,153
9.	Diphtheria	3	2	5
10.	Whooping cough	853	939	1,792
11.	Meningitis (except tuberculous)	8	6	14
12.	Plague	1	1	2
13.	Leprosy	679	507	1,186
14.	Tetanus	3	3	6
15.	Anthrax	-	9	9
16.	Acute poliomyelitis	24	32	56
17.	Smallpox - (a) Variola major	-	-	-
	(b) Variola minor	4	5	9
18.	Measles	121	133	254
19.	Mumps	54	71	125
20.	Malaria - (a) Benign tertian (vivax)	84	65	149
	(b) Quartan (malariae)	3	-	3
	(c) Malignant tertian (falciparum)	41	21	62
	(d) Other unspecified malaria	9,900	12,973	22,963
21.	Blackwater fever	-	-	-
22.	Schistosomiasis - (a) Vesical	5	1	6
	(b) Intestinal	129	94	223
23.	Onchocerciasis	25	18	43
24.	Ankylostomiasis	1,810	2,337	4,147
25.	Guinea worm	18	23	41
26.	Other helminthic diseases	1,303	1,601	2,904
27.	Relapsing fever	1	2	3

List No.	Diseases	Male	Female	Total
28.	Yaws	819	698	1,517
29.	Chicken pox	47	53	100
30.	Trachoma	298	313	611
31.	Other diseases of eye and annexa (except Opthalmia neonatorum)	2,062	1,914	3,976
32.	Trypanosomiasis - (a) T.gambiense	1	-	1
	(b) T.rhodesiense	-	-	-
	(c) Unspecified	1	-	1
33.	Tinea	84	77	161
34.	Scabies	596	524	1,120
35.	Cancer and other tumours - (a) Malignant including leukaemia	63	83	146
	(b) Benign and unspecified	124	501	625
36.	Asthma	412	318	730
37.	Diabetes	16	3	19
38.	Vitamin deficiency states	1,077	1,303	2,380
39.	Diseases of blood and blood forming organs	516	786	1,302
40.	Cerebral vascular lesions	9	4	13
41.	Mental disorders	29	33	62
42.	Epilepsy	39	24	63
43.	Other diseases of nervous system	201	216	417
44.	Disease inflamatory of ear and mastoid sinus	658	744	1,402
45.	Diseases of the circulatory system -			
	(a) Heart disease	237	290	527
	(b) Other circulatory diseases	92	85	177
46.	Pneumonia - (a) Lobar pneumonia	288	289	577
	(b) Bronchopneumonia	1,451	1,458	2,909
47.	Other diseases of respiratory system	4,413	4,187	8,600
48.	Diseases of teeth and gums - (a) Caries	981	882	1,863
	(b) other conditions	372	388	760
49.	Appendicitis	14	13	27
50.	Intestinal obstruction and hernia	307	116	423
51.	Gastro-enteritis (over 4 weeks old)	1,333	1,258	2,591
52.	Cirrhosis of the liver	36	32	68
53.	Other diseases of liver and bile passages	187	164	351
54.	Other diseases of digestive system	2,918	3,481	6,399

Table VIII (cont.)

List No.'	Diseases	Male	Female	Total
55.	Nephritis	61	41	102
56.	Hydrocele	67	-	67
57.	Other diseases of genito-urinary system	653	2,265	2,918
58.	Diseases of pregnancy, child birth and the puerperal state -			
	(a) Abortion	-	455	455
	(b) Toxaemias of pregnancy	-	27	27
	(c) Other conditions	-	7,269	7,269
59.	Arthritis and rheumatism	1,623	1,909	3,523
60.	Chronic ulcer of leg	883	465	1,348
61.	(a) Other diseases of skin	1,460	1,528	2,988
	(b) Other diseases of musculo-skeletal system	466	388	854
62.	Congenital malformations and diseases of early infancy -			
	(a) Diarrhoea of new-born	157	160	317
	(b) Ophthalmia neonatorum	55	48	103
	(c) Immaturity	21	14	35
	(d) All other malformations and diseases of early infancy	188	148	336
63.	Fractures and dislocations, except where classifiable under item (64)	107	41	148
64.	Injuries by animals or insects	85	55	140
65.	Other wounds and superficial injuries (excluding burns)	1,990	1,323	3,313
66.	Effects of foreign bodies	97	79	176
67.	Burns and scalds	233	203	436
68.	Poisoning	16	11	27
69.	All other injuries from external causes	223	141	364
70.	(a) Ill-defined conditions	7,441	9,536	16,977
	(b) Examinations and prophylactic injections	5,223	33,516	38,739
	TOTAL:	62,332	104,254	166,586

Table IX

DISEASES OF IN-PATIENTS ATTENDING MISSION HOSPITALS

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 1	Tuberculosis of the Respiratory System	94	48	142	7	1	8
A. 2	Tuberculosis of meninges & central nervous system	3	1	4	1	-	1
A. 3	Tuberculosis of intestines, peritoneum & mesenteric glands	6	1	7	-	-	-
A. 4	Tuberculosis of bones and joints	13	9	22	-	-	-
A. 5	Tuberculosis, all other forms	12	10	22	3	1	4
A. 6	Congenital syphilis	35	33	66	5	2	7
A. 7	Early syphilis (I and II)	24	19	43	-	-	-
A. 8	Tabes dorsalis	2	-	2	-	-	-
A. 9	General paralysis of insane	1	-	-	-	-	-
A. 10	All other syphilis	29	24	53	-	-	-
A. 11	Gonococcal infections - (a) Genito-urinary	296	553	849	2	2	4
	(b) Ophthalmic	1	2	3	-	-	-
	(c) Other forms	21	21	42	-	1	1
A. 12	Typhoid Fever	107	103	210	12	3	15
A. 13	Paratyphoid fever and other Salmonella infections	1	-	1	-	-	-
A. 14	Cholera	-	-	-	-	-	-
A. 15	Brucellosis (undulant fever)	3	-	3	-	-	-
A. 16	(a) Bacillary dysentery	142	113	255	6	9	15
	(b) Amoebiasis (excluding symptomless cyst carriers)	177	188	365	3	-	3
	(c) Other unspecified forms of dysentery	306	282	588	10	10	20
A. 17	Scarlet fever	2	-	2	-	-	-
A. 18	Streptococcal sore throat	22	34	56	-	1	1
A. 19	Erysipelas	1	1	2	-	-	-
A. 20	Septicaemia and Pyaemia	20	9	29	2	2	4
A. 21	Diphtheria	1	1	2	2	-	2
A. 22	Whooping cough	255	283	538	1	5	6
A. 23	Meningococcal infections	21	18	39	6	5	11
A. 24	Plague	-	-	-	-	-	-
A. 25	Leprosy	3	1	4	-	-	-
A. 26	Tetanus	11	11	22	4	5	9
A. 27	Anthrax	-	-	-	-	-	-

Table IX (Cont.)

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 28	Acute poliomyelitis	23	18	41	-	1	1
A. 29	Acute infectious encephalitis	14	10	24	7	5	12
A. 30	Late effects of acute poliomyelitis and acute infectious encephalitis	31	14	45	-	-	-
A. 31	Smallpox - (a) Variola major	-	-	-	-	-	-
	(b) Variola minor	-	-	-	-	-	-
A. 32	Measles	128	110	238	5	4	9
A. 33	Yellow fever	-	-	-	-	-	-
A. 34	Infectious hepatitis	29	8	37	2	2	4
A. 35	Rabies	-	-	-	-	-	-
A. 36	(a) Louse-borne (epidemic) typhus	-	-	-	-	-	-
	(b) Flea-borne (murine) typhus	-	-	-	-	-	-
	(c) Tick-borne typhus	-	1	1	-	-	-
	(d) Unspecified typhus	2	4	6	1	1	2
	(e) Other rickettsial diseases	-	-	-	-	-	-
A. 37	(a) Vivax malaria (bening tertian)	113	108	221	3	3	6
	(b) Malariae malaria (quartan)	8	8	16	-	1	1
	(c) Falciparum malaria (malignant tertian)	405	437	842	5	10	15
	(d) Other unspecified malaria	987	1,178	2,165	22	19	41
	(e) Blackwater fever	-	-	-	-	-	-
A. 38	Schistosomiasis - (a) Vesical	1	-	1	-	-	-
	(b) Intestinal	35	31	76	4	2	6
A. 39	Hydatid desease	4	1	5	1	-	1
A. 40	(a) Onchocerciasis	6	1	7	-	-	-
	(b) Loiasis	-	-	-	-	-	-
	(c) Filariasis (bancrofti)	43	11	54	-	-	-
	(d) Other filariasis	12	9	21	-	-	-
A. 41	Ankylostomiasis	859	1,233	2,092	2	1	3
A. 42	(a) Tapeworm	117	95	212	-	-	-
	(b) Ascaris	301	389	690	-	-	-
	(c) Guinea worm	4	4	8	-	-	-
	(d) Other helminths	22	7	29	-	-	-

Table IX (Cont.)

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 43	(a) Lymphogranuloma Venereum	2	1	3	-	-	-
	(b) Granuloma inguinale, venereal	2	1	3	-	-	-
	(c) Other and unspecified venereal diseases	7	2	9	-	-	-
	(d) Food poisoning infection and intoxication (excluding Salmonella infections)	9	5	14	2	1	3
	(e) Relapsing fever	-	1	1	-	-	-
	(f) Leptospirosis (Weils disease)	4	-	4	-	-	-
	(g) Yaws	69	57	126	-	-	-
	(h) Chickenpox	35	46	81	-	-	-
	(i) Dengue	-	-	-	-	-	-
	(j) Trachoma	26	34	60	-	-	-
	(k) Sandfly fever	-	-	-	-	-	-
	(l) Leishmaniasis	-	-	-	-	-	-
	(m) Trypanosomiasis - (i) T. gambiense	-	2	2	-	-	-
	(ii) T. rhodesiense	-	-	-	-	-	-
	(iii) unspecified	-	1	1	-	-	-
	(n) Tinea	10	9	19	-	-	-
	(o) Scabies	20	11	31	-	-	-
	(p) All other parasitic diseases	4	5	9	-	-	-
A. 44	Malignant neoplasm of-buccal cavity and pharynx	3	3	6	-	-	-
A. 45	- Oesophagus	1	2	3	1	1	2
A. 46	- Stomach	10	4	14	2	1	3
A. 47	- intestine, except rectum	2	5	7	1	2	3
A. 48	- Rectum	5	4	9	2	1	3
A. 49	- larynx	1	-	1	-	1	1
A. 50	- trachea, and of bronchus and lung not specified as secondary	4	-	4	1	1	2
A. 51	- breast	1	11	12	1	1	2
A. 52	- cervix uteri	-	31	31	-	4	4
A. 53	- other and unspecified parts of uterus	-	15	15	-	-	-
A. 54	- (a) prostate	5	-	5	1	-	1
	(b) penis	11	-	11	-	-	-
A. 55	- skin	10	7	17	1	-	1
A. 56	- bone and connective tissue	12	8	20	1	2	3

Table IX (Cont.)

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 57	Malignant neoplasm of - other unspecified sites	22	24	46	2	9	11
A. 58	Leukaemia and aleukaemia	2	4	6	1	2	3
A. 59	Neoplasms of lymphatic and haematopoietic system	16	40	56	1	-	1
A. 60	Benign and unspecified neoplasms	45	189	234	1	2	3
A. 61	Nontoxic goitre	7	14	21	-	1	1
A. 62	Thyrotoxicosis with or without goitre	-	7	7	-	2	2
A. 63	Diabetes mellitus	26	10	36	1	2	3
A. 64	(a) Beriberi	1	-	1	-	-	-
	(b) Pellagra	-	1	1	-	-	-
	(c) Scurvy	5	6	11	1	2	3
	(d) Kwashiorkor	193	153	346	15	19	34
	(e) Other deficiency states	122	127	249	5	3	8
A. 65	(a) Hyperchromic anaemias	18	27	45	5	3	8
	(b) Hypochromic anaemias	226	266	492	16	18	34
	(c) Other unspecified anaemias	136	179	315	18	13	31
A. 66	(a) Asthma	77	42	119	-	1	1
	(b) All other allergic disorders, endocrine, metabolic and blood diseases	10	15	25	-	-	-
A. 67	Psychoses	17	15	32	-	1	1
A. 68	Psychoneuroses and disorders of personality	12	30	42	1	-	1
A. 69	Mental deficiency	1	4	5	-	-	-
A. 70	Vascular lesions affecting central nervous system	10	13	23	3	4	7
A. 71	Meningitis (except meningococcal and tuberculous)	31	21	52	6	8	14
A. 72	Disseminated sclerosis	6	-	6	-	-	-
A. 73	Epilepsy	12	9	21	-	2	2
A. 74	Inflamatory diseases of eye	149	112	261	-	2	2
A. 75	Cataract	13	10	23	-	-	-
A. 76	Glaucoma	4	1	5	-	-	-
A. 77	(a) Otitis externa	27	19	46	-	-	-
	(b) Otitis media and mastoiditis	56	45	101	-	-	-
	(c) Other inflammatory diseases of ear	3	3	6	-	-	-

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 78	(a) All other diseases and conditions of eye	25	23	48	-	-	-
	(b) All other diseases of the nervous system and sense organs	23	16	39	-	-	-
A. 79	Rheumatic fever	17	22	39	-	-	-
A. 80	Chronic rheumatic heart disease	19	21	40	5	1	6
A. 81	Arteriosclerotic and degenerative heart disease	40	22	62	7	9	16
A. 82	(a) Disease of heart or aorta	25	18	43	3	2	5
	(b) Other diseases of heart	23	27	50	5	2	7
A. 83	Hypertension with heart disease	6	6	12	-	-	-
A. 84	Hypertension without mention of heart	10	14	24	-	1	1
A. 85	Diseases of arteries	8	8	16	1	-	1
A. 86	Other diseases of circulatory system	37	40	77	2	4	6
A. 87	Acute upper respiratory infections	196	203	399	1	4	5
A. 88	Influenza	20	20	40	2	-	2
A. 89	Lobar pneumonia	248	217	465	23	13	36
A. 90	Bronchophneumonia	666	628	1,294	41	56	97
A. 91	Primary atypical, other and unspecified pneumonia	81	11	92	7	4	11
A. 92	Acute bronchitis	339	335	674	9	3	12
A. 93	Bronchitis, chronic and unqualified	63	46	109	-	1	1
A. 94	Hypertrophy of tonsils and adenoids	30	28	58	-	-	-
A. 95	Empyema and abscess of lung	5	3	8	-	-	-
A. 96	Pleurisy	21	11	32	-	-	-
A. 97	(a) Pneumoconiosis	-	1	1	-	-	-
	(b) All other respiratory diseases	51	52	103	-	10	10
A. 98	(a) Dental caries	12	12	24	-	-	-
	(b) All other diseases of teeth and gums	11	12	23	1	-	1
A. 99	Ulcer of stomach	28	7	35	2	-	2
A. 100	Ulcer of duodenum	11	7	18	-	-	-
A. 101	Gastritis and duodenitis	44	47	91	-	-	-
A. 102	Appendicitis	20	13	33	1	-	1
A. 103	Intestinal obstruction and hernia	714	324	1,038	37	19	56
A. 104	(a) Gastro-enteritis and colitis, (4 weeks and over)	310	274	584	19	25	44
	(b) Chronic enteritis and ulcerative colitis	30	27	57	2	-	2

Table IX (Cont.)

List No.	Diseases	Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 105	Cirrhosis of liver	38	18	56	6	2	8
A. 106	Cholelithiasis and chole-cystitis	9	23	32	-	-	-
A. 107	Other diseases of digestive system	141	161	302	3	3	6
A. 108	Acute nephritis	23	11	34	2	-	2
A. 109	Chronic, other and unspecified nephritis	28	21	49	3	2	5
A. 110	Infections of kidney	9	14	23	3	-	3
A. 111	Calculi of urinary system	7	3	10	-	-	-
A. 112	Hyperplasia of prostate	25	-	25	-	-	-
A. 113	Diseases of breast	1	54	55	-	-	-
A. 114	(a) Hydrocele	159	-	159	-	-	-
	(b) Disorders of menstruation	-	500	500	-	-	-
	(c) All other diseases of the genito-urinary system	171	576	747	11	5	16
A. 115	Sepsis of pregnancy, childbirth and the peurperium	-	124	124	-	4	4
A. 116	Toxaemias of pregnancy and the peurperium	-	23	23	-	2	2
A. 117	Haemorrhage of pregnancy and childbirth	-	338	338	-	3	3
A. 118	Abortion without mention of sepsis or toxaemia	-	548	548	-	2	2
A. 119	Abortion with sepsis	-	135	135	-	7	7
A. 120	(a) Other complications of pregnancy, childbirth and the puerperium	-	1,677	1,677	-	30	30
	(b) Delivery without complications	-	4,189	4,189	-	2	2
A. 121	Infections of the skin and subcutaneous tissue	326	297	623	2	-	2
A. 122	Arthritis and spondylitis	92	87	179	1	-	1
A. 123	Muscular rheumatism unspecified	86	91	177	-	-	-
A. 124	Osteomyelitis and periostitis	39	18	57	-	-	-
A. 125	Ankylosis and acquired musculo-skeletal deformities	7	7	14	-	-	-
A. 126	(a) Chronic ulcer of leg	92	48	140	-	-	-
	(b) All other diseases of skin	27	28	55	-	-	-
	(c) All other diseases of muscolo-skeletal system	47	24	71	-	-	-
A. 127	Congenital malformations - Spina bifida and meningocele	3	4	7	2	-	2
A. 128	- Circulatory system	2	-	2	2	1	3
A. 129	- All others	11	11	22	2	2	4
A. 130	Birth injuries	4	8	12	5	4	9
A. 131	Diseases of newborn (under 4 weeks) asphyxia and atelectasis	23	25	48	1	5	6

Table IX (Cont.)

List No.		Admissions			Deaths		
		Male	Female	Total	Male	Female	Total
A. 132	(a) Diarrhoea	26	19	45	-	-	-
	(b) Ophthalmia	5	8	13	-	-	-
	(c) Other infections	19	25	44	1	2	3
A.133	Haemolytic disease	2	2	4	-	1	1
A.134	Other defined diseases	5	13	18	2	2	4
A.135	Ill-defined diseases and immaturity	79	52	131	28	12	40
A. 136	Senility without mention of psychosis	6	5	11	-	-	-
A. 137	(a) Pyrexia of unknown origin	450	394	844	14	10	24
	(b) Observation, without need for further medical care	30	51	81	-	-	-
	(c) All other ill-defined causes of morbidity	137	164	301	3	5	8
AN.138	Fracture of Skull	8	1	9	2	-	2
AN.139	Fracture of spine and trunk	11	4	15	-	-	-
AN.140	Fracture of limbs	73	32	105	-	-	-
AN.141	Dislocation without fracture	10	6	16	-	-	-
AN.142	Sprains and strains of joints and adjacent muscles	30	6	36	-	-	-
AN.143	Head injury (excluding fracture)	59	12	71	3	-	3
AN.144	Internal injury of chest, abdomen and pelvis	11	2	13	2	-	2
AN.145	Laceration and open wounds	211	69	280	-	-	-
AN.146	Superficial injury, contusion and crushing with intact skin surface	62	47	109	-	-	-
AN.147	Effects of foreign body entering through orifice	23	23	46	2	-	2
AN.148	Burns and scalds	42	54	96	1	2	3
AN.149	Effects of poisons	25	22	47	5	5	10
AN.150	All other and unspecified effects of external causes	45	38	83	1	1	2
	TOTAL:	12,098	19,735	31,833	480	473	953

Table X

SUMMARY OF ATTENDANCES AT GOVERNMENT DISPENSARIES.

	New Out-patients	Re-attendances	In-patients	Deaths
WESTERN PROVINCE				
Toro	151,068	100,627	2,828	68
Ankole	119,588	127,975	6,225	40
Bunyoro	89,853	10,677	830	33
Kigezi	142,440	167,650	7,614	105
TOTAL	502,949	406,929	17,497	246
EASTERN PROVINCE				
Teso	319,507	250,610	6,379	124
Bugisu	248,897	138,333	9,404	410
Bukedi	95,537	78,410	4,188.	112
Busoga	140,123	49,330	9,984	344
TOTAL	804,064	516,683	29,955	990
NORTHERN PROVINCE				
Lango	213,714	155,864	210	75
Acholi	119,649	221,066	2,236	85
West Nile	233,040	299,324	3,364	158
Karamoja	65,828	28,939	5,705	578
Madi	47,242	67,280	654	19
TOTAL	679,473	772,473	12,169	915
BUGANDA PROVINCE				
Mubende	72,618	66,709	2,700	81
Masaka	76,400	72,972	8,798	319
Mengo	329,223	390,966	7,300	264
TOTAL	478,241	530,647	18,798	664
PROTECTORATE TOTAL	2,464,727	2,226,732	78,419	2,815

TABLE XI.

AN ANALYSIS OF THE PROPORTIONAL INCIDENCE OF DISEASES TREATED AT GOVERNMENT DISPENSARIES

	1 Mengo	2 Busoga	3 Bukedi	4 Bugisu(d)	5 Teso	6 Karamoja	7 Lango	8 Acholi	9 Madi	10 West Nile	11 Bunyoro	12 Toro	13 Kigezi	14 Ankole	
(1) New cases 6 years and over	250,694	102,226	69,053	179,853	260,420	43,638	166,588	86,129	33,511	166,643	78,424	119,048	99,842	99,071	(1)
(2) New cases 5 years and under	78,529	47,126	26,484	69,044	59,147	22,638	47,126	33,520	13,731	66,397	11,429	32,020	42,598	29,517	(2)
TOTAL	329,223	140,123	95,537	248,897	319,567	65,828	213,714	119,649	47,242	233,040	89,853	151,068	142,440	119,588	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
(3) Clinical Malaria with fever	17.04	12.85	16.57	19.31	13.78	8.69	11.33	15.81	9.10	13.32	8.43	12.29	3.16	15.79	(3)
(4) Upper Respiratory Infection	21.97	25.91	16.85	20.66	12.04	14.21	18.82	14.04	11.64	15.27	14.72	14.18	13.69	12.67	(4)
(5) Pneumonia	1.51	1.19	0.46	1.10	0.40	0.99	0.43	0.44	0.88	0.98	0.29	0.80	3.13	1.15	(5)
(6) Early Syphilis	1.30	1.09	0.84	1.07	0.67	0.01	0.27	0.47	0.12	0.05	1.08	1.33	0.11	0.64	(6)
(7) Early Yaws	0.41	0.69	0.88	0.48	0.47	0.74	0.27	0.31	0.93	0.56	0.68	1.60	0.55	1.20	(7)
(8) Late Syphilis or Yaws	1.76	0.89	1.10	0.97	0.53	0.11	3.51	1.78	2.44	0.07	1.31	2.11	1.66	2.64	(8)
(9) Gonorrhoea and Urethritis	3.30	2.53	2.80	5.22	7.54	0.89	2.44	1.00	0.17	0.04	2.53	2.61	0.25	1.47	(9)
(10) Diarrhoea (over five) (a)	2.33	5.25	3.40	4.30	2.89	6.27	3.41	5.31	9.86	6.79	1.31	1.50	2.63	2.98	(10)
(11) Diarrhoea (five and under) (b)	6.91	15.75	13.12	12.75	13.51	17.23	15.29	16.36	17.16	19.13	6.67	10.23	18.44	15.28	(11)
(12) Intestinal Worm Diseases	0.59	0.42	5.59	5.46	2.93	2.03	0.78	3.82	2.48	1.38	0.20	0.99	2.37	2.51	(12)
(13) All eye diseases	3,18	5.67	5.54	4.56	3.22	9.59	5.47	5.86	14.02	7.16	2.22	7.63	5.91	4.82	(13)
(14) Discharging ears	1.32	0.79	0.87	1.58	1.36	2.60	1.17	2.38	1.23	1.43	0.49	0.94	2.29	1.87	(14)
(15) Tropical Ulcer	2.75	2.95	3.72	4.74	1.85	2.77	3.83	1.01	11.84	5.27	4.54	3.65	4.10	3.35	(15)
(16) Malnutrition (5 and under) (b)	2.18	4.07	3.87	1.59	0.97	1.60	1.04	1.21	0.94	1.23	1.19	1.30	1.31	3.02	(16)

NOTES:

(a) Incidence calculated as a percentage of patients of over 5 years of age.

(b) Incidence calculated as a percentage of patients of 5 years and under.

(c) Figures for Masaka and Mubende not available.

(d) For 1958 the figures for Bugisu included the two northern counties of Bukedi.

CAUSES OF DEATH OF NON-AFRICANS

International List No.	DISEASE	RACE					AGE						SEX		TOTAL
		European	Indian	Goan	Arab	Other	0-	1-	5-	15-	45-	65-	M	F	
A 2	Tuberculosis of meninges and central nervous system		1					1						1	1
A 28	Acute poliomyelitis		1						1				1		1
A 32	Measles		1				1						1		1
A 37(c)	Falciparum malaria (malignant tertian)		15				6	6		3			6	9	15
A 48	Malignant neoplasm of rectum		1								1		1		1
A 57	Malignant neoplasm of all other and unspecified sites		5			2				1	5	1	2	5	7
A 58	Leukaemia and aleukaemia			1								1	1		1
A 63	Diabetes mellitus		1		1						1	1	2		2
A 65	Anaemias		4				1	1	1	1			3	1	4
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases		7					1			3	3	5	2	7
A 67	Psychoses		1							1				1	1
A 70	Vascular lesions affecting central nervous system	1	9				2	1	1	2	3	1	6	4	10
A 71	Non-meningococcal meningitis					1				1			1		1
A 73	Epilepsy		1	1					1	1			1	1	2
A 78	All other diseases of the nervous system and sense organs		1						1					1	1
A 80	Chronic rheumatic heart disease		3						1	2			1	2	3
A 81	Arteriosclerotic and degenerative heart disease	6	35	2						10	23	10	37	6	43
A 82	Other diseases of heart	1	23	1	1	1		2	3	7	7	8	17	10	27
A 83	Hypertension with heart disease		5								4	1	4	1	5
A 84	Hypertension without mention of heart		4							1	2	1	4		4
A 86	Other diseases of circulatory system		1			1				1	1		1	1	2
A 87	Acute upper respiratory infections		1			1		1			1		2		2
A 89	Lobar pneumonia	1	2				1	1		1			1	2	3
A 90	Bronchopneumonia	1	22		1	1	7	6	2	2	3	5	12	13	25
A 91	Primary atypical, other and unspecified pneumonia		7				2		1	1	1	2	4	3	7
A 95	Empyema and abscess of lung		1								1		1		1
A 99	Ulcer of stomach					1					1		1		1
A 100	Ulcer of duodenum	1									1			1	1
A 103	Intestinal obstruction and hernia		2			1				3			1	2	3
A 104(a)	Gastro-enteritis and colitis (4 weeks and over		11		1		7	3	1	1			5	7	12
A 107	Other diseases of digestive system		1			1				1	1		1	1	2

CAUSES OF DEATH OF NON-AFRICANS

International List No.	DISEASE	RACE					AGE						SEX		TOTAL
		European	Indian	Goan	Arab	Other	0-	1-	5-	15-	45-	65-	M	F	
A 109	Nephritis, all forms		4					1	1		2		1	3	4
A 112	Hyperplasia of prostate		1									1	1		1
A 114	Other diseases of genito-urinary system		1								1			1	1
A 116	Toxaemias of pregnancy and the puerperium		2							2				2	2
A 117	Haemorrhage of pregnancy and childbirth		4							4				4	4
A 128	Congenital malformations of circulatory system		2					1					1	1	2
A 130	Birth injuries		1				1							1	1
A 131	Postnatal asphyxia and atelectasis	1	6				1	5	1				6	1	7
A 133	Haemolytic disease of newborn		1				1						1		1
A 134	All other defined diseases of early infancy		1				1						1		1
A 135	Ill-defined diseases peculiar to early infancy and immaturity unqualified		4				3	1					2	2	4
A 136	Senility without mention of psychosis		1									1	1		1
A 137(a)	Pyrexia of unknown origin	1	12	3	1		1			5	5	6	9	8	17
AE 138	Motor vehicle accidents	1	5			2		3	1		4		6	2	8
AE 142	Accidents caused by machinery					3				3			3		3
AE 143	Fire and explosion		3							3			1	2	3
AE 145	Firearm accidents		1								1		1		1
AE 146	Drowning	1	4							4	1		5		5
AE 147	All other accidental causes	1	6						2	1	4		5	2	7
AE 148	Suicide and self-inflicted injury		2							1	1		1	1	2
AE 149	Homicide		1			1				2			1	1	2
	TOTAL DEATH FROM ALL CAUSES	16	228	8	5	16	35	34	19	65	78	42	168	105	273
	TOTAL DEATHS FROM INJURIES	3	22			6		3	3	14	11		23	8	31
	TOTAL DEATHS FROM DISEASES	13	206	8	5	10	35	31	16	51	67	42	145	97	242

NOTE: This table has been compiled from statistics supplied by the Registrar General

SUMMARY OF MATERNITY SERVICES

TABLE XIII.

	BUGANDA PROVINCE			EASTERN PROVINCE		NORTHERN PROVINCE		WESTERN PROVINCE		TOTAL		GRAND TOTAL
	Prot.	Buganda Govt.	Missions	Govt.	Missions	Govt.	Missions	Govt.	Missions	Govt.	Missions	
Units with Maternity Beds	4	16	24	21	18	5	6	17	5	63	53	116
Maternity Beds	179	203	558	290	360	72	225	194	72	935	1,245	2,180
TOTAL ADMISSIONS	6,536	10,863	12,185	12,228	6,627	3,174	2,376	5,523	998	38,324	22,186	60,510
Total Deliveries (a)	5,344	6,047	9,479	9,902	5,212	2,644	2,136	4,011	594	27,948	17,421	45,369
Deliveries per bed per year	30	30	17	34	14	37	9	20	8	30	14	21
Live Births	4,516	5,685	9,435	8,749	5,003	2,450	2,120	3,786	580	25,186	17,138	42,324
Still Births	251	151	327	474	146	121	61	234	41	1,231	575	1,806
Neo-Natal Deaths	112	60	274	154	92	63	40	83	35	472	441	913
Abortions	577	276	425	587	198	229	176	326	137	1,995	936	2,931
Maternal Deaths	9	8	38	117	31	29	7	43	9	206	85	291
Ante Natal New Cases	32,957	17,093	28,400	46,538	15,600	23,599	6,400	39,518	1,700	159,705	52,100(b)	211,805
Re-attendances	11,708	25,618	35,500	68,523	19,500	27,463	8,000	28,972	2,100	162,284	65,100(b)	227,834

(a) Includes all pregnancies terminated in the Institutions.

(b) Estimates based on incomplete data.

Table XIV (a)

SUMMARY OF LEPROSY WORK TO END OF 1958

DISTRICT (In-patients and out-patients)	Intake to Dec. '57	New Patients 1958	Intake to Dec. '58	Discharged cured in 1958	Total discharged Dec. '58	Total deaths (minimum)	Total transfers (minimum)	Total Absentees	Absentees Reattending	Est. No. in attendance Dec. '58
KIGEZI	-	2	2	-	-	-	-	-	-	2
TORO	5000	792	5792	109	360	28	364	2447	64	2657
ANKOLE	14	26	40	-	-	-	3	-	-	37
BUNYORO	1029	292	1321	148	215	12	99	398	-	597
BUSOGA	5369	1192	6561	159	159	202	54	927	50	5269
TESO	3704	808	4512	172	455	22	238	1771	-	2026
BUKEDI	5967	1165	7132	127	465	35	206	1513	-	4913
BUGISU	1032	276	1308	103	103	16	112	562	-	515
KARAMOJA	128	90	218	3	3	1	3	72	-	139
WEST NILE	1364	480	1844	29	102	17	58	676	78	1059
MADI	835	102	937	8	36	17	52	186	-	646
LANGO	3461	703	4164	182	480	47	112	1181	22	2366
ACHOLI	6439	1882	8321	20	156	55	210	2797	437	5540
MENGO	3222	1152	4374	24	49	47	29	1464	-	2785
MASAKA	159	45	204	1	2	-	2	22	-	178
MUBENDE	390	31	421	-	20	13	48	154	-	186
TOTALS:	38113	9038	47151	1085	2605	512	1600	14170	651	28915
I. SETTLEMENTS (In-Patients and Out-Patients)										
KULUVA	1586	205	1791	74	278	29	6	715	5	411
BUNYONI	975	26	1001	78	387	74	49	284	?	304
BULUBA	3653	244	3897	185	411	46	30	2083	14	820
NYENGA	3793	195	3988	178	508	44	388	1174	?	761
KUMI	3924	251	4175	164	1028	62	26	1256	?	1006
TOTAL:	13931	921	14852	679	2612	255	499	5512	19	3302
DISTRICT & SETTLEMENT	52044	9959	62003	1764	5217	767	2099	19682	670	32217

\+ Bubulu Out-Patients not included in Bugisu return for 1958.

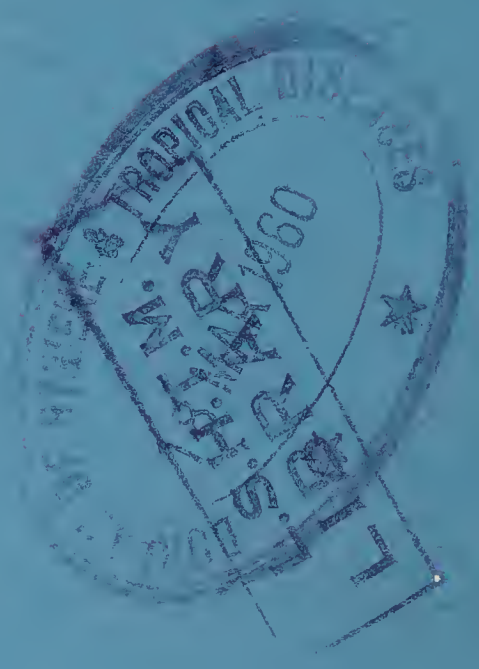
++ Kuluva A.L.G. village included with the District work.

III. DISTRICTS WITH CORRES-PONDING SETTLE-MENT	Intake to Dec. '57	New patients 1958	Intake to Dec. '58	Discharged cured in 1958	Total discharged Dec. '58	Total deaths (minimum)	Total transfers (minimum)	Total Absentees	Absentees Re-attending	Est. number in attendance Dec. '58
W. NILE & KULUVA	2950	685	3635	103	380	46	74	1391	83	1470
KIGEZI & BUNYONI	975	28	1003	78	387	74	49	284	?	304
BUSOGA & BULUBA	9022	1436	10458	344	570	248	84	3010	64	6089
MENGO & NYENGA	7015	1347	8362	202	557	91	417	2638	?	3546
TESO & KUMI	7628	1059	8687	336	1483	84	264	3027	?	3032
IV. PROVINCES WITH CORRES-PONDING SETTLE-MENTS										
W.PROVINCE	7018	1138	8156	335	962	114	515	3129	64	3597
E.PROVINCE	23649	3926	27585	910	2621	383	666	8112	64	14549
N.PROVINCE	13813	3462	17275	316	1055	166	451	5627	542	10161
BUGANDA	7564	1423	8987	203	579	104	467	2814		3910
	52044	9949	62003	1764	5217	767	2099	19682	670	32217

Table XIV (b)

V. ACCOMMODATION IN TREATMENT VILLAGES

DISTRICT	NO. OF VILLAGES		APPROX. ACCOMMODATION	
WESTERN PROVINCE				
KIGEZI	-		-	
TORO	4		500	
ANKOLE	1		23	
BUNYORO	2	7	58	581
EASTERN PROVINCE				
BUSOGA	22		634 (1 closed)	
TESO	6		358	
ONGINO	2		150	
BUGISU	1		42	
BUKEDI	2	33	150	1334
NORTHERN PROVINCE				
KARAMOJA	1		20 (1 closed)	
MADI	1		220	
WEST NILE	2		500	
LANGO	11		663	
ACHOLI	10	25	634	2037
BUGANDA				
MENGO	5		316	
MUBENDE	5		122 (1 closed)	
MASAKA	1	11	24	462
TOTAL TO END OF 1958:		76		4414 (3 closed)



Price : Shs. 3

Postage in East Africa : **Cts. 25**

Postage outside East Africa : **Cts. 30**

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P.O. Box 33, Entebbe, Uganda